

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-016406

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 105

FILED MAY 11 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY Randolph | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Randolph | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moberly | | Length of stay in 1b 54 Yrs. | c. CITY OR TOWN Moberly Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Woodland Hospital | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 312 E. Logan St. Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First JOHN Middle DAVID Last SMITH | | | 4. DATE OF DEATH Month MAY Day 2 Year 1962 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 10-3-1882 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Foreman | | 10b. KIND OF BUSINESS OR INDUSTRY Wabash Railroad Co. | 9. AGE (last birthday) 79 IF UNDER 1 YEAR Months Days Hours Min. |
| 11. BIRTHPLACE (City and state or country) Arbroth, Scotland | | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME Robert Ogilvie Smith | | 13b. MOTHER'S MAIDEN NAME Mary Davie | 14. NAME OF HUSBAND OR WIFE Anna Mae Smith |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. | 17. INFORMANT Mrs. J. D. Smith Address Moberly |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Vascular thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Atherosclerosis DUE TO (c) | | | INTERVAL BETWEEN ONSET AND DEATH 3 days |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION | COUNTY STATE |
| 21. I attended the deceased from March 1962 to 5/2/62 and last saw her/him alive on 5/1/62 Death occurred at 0130 A. m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) Robert Harrison, M.D. | | 22b. ADDRESS 121 S. Wm. | 22c. DATE SIGNED 5/2/62 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 5-4-1962 | 23c. NAME OF CEMETERY OR CREMATORY Oakland | 23d. LOCATION (City, town, or county) Moberly Mo. |
| 24. FUNERAL DIRECTOR Mahan Funeral Service ADDRESS Moberly | | 25. DATE RECD. BY LOCAL REG. 5-4-62 | 26. REGISTRAR'S SIGNATURE Leaherloue |

USE BLACK INK OR TYPEWRITER RIBBON

JUN 7 1962
JUL 10 1963

MAY 11 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John A. Greer

Licensed Embalmer No. 3815

P. O. Address Mobile, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.