MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-022462
STATE FILE NUMBER

Registration District No. 100 Primary Registration District No. _____ Registrar's No. 58

FILED JUL 11 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	0390		
2	0390		
3	1		
4	0		
5	1		
6			
7	0		
8	2		
9	334XF		
10			
11			
12	90-0		
13	1-0		

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: DENT
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: FRANKLIN TOWNSHIP — Length of stay in 1b: 10 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: RESIDENCE - ROUTE 3 — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: DENT
c. CITY OR TOWN: SALEM — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): RURAL ROUTE 3 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: BALIS Middle: MIDDLETON Last: SMITH

4. DATE OF DEATH: Month: July Day: 6 Year: 1962

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 3/9/80

9. AGE (last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School Teacher (ret)

10b. KIND OF BUSINESS OR INDUSTRY: Elementary Sch.

11. BIRTHPLACE (City and state or country): Dent County, Mo.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Thomas Smith

13b. MOTHER'S MAIDEN NAME: Anna Morton

14. NAME OF HUSBAND OR WIFE: Lillie Bowers Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): -----

16. SOCIAL SECURITY NO.: None

17. INFORMANT: T.L. Smith Address: Route 3 Salem, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 wk
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Malnutrition
DUE TO (c): Senility + Cerebral Arteriosclerosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Fracture Lt hip

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 3/3/62, to 7/6/62 and last saw him alive on 7/4/62
Death occurred at 6:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): R. J. Boss, MD

22b. ADDRESS: Salem, Mo.

22c. DATE SIGNED: 7/7/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 7/9/1962

23c. NAME OF CEMETERY OR CREMATORY: Dry Fork Cemetery

23d. LOCATION (City, town, or county) (State): Dent County Missouri

24. FUNERAL DIRECTOR: Max E. Waple — ADDRESS: Salem, Mo.

25. DATE RECD. BY LOCAL REG.: 7/9/62

26. REGISTRAR'S SIGNATURE: M. M. Hart, M.D. by ahw

(Licensed Embalmer's Statement on Reverse Side)

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 Max L. Wright

Licensed Embalmer No. 4170

P. O. Address Salem, 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.