

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-039461

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 206 Primary Registration District No. 5751 Registrar's No. 100

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED OCT 24 1962	
1. PLACE OF DEATH	
a. COUNTY MADISON	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FREDERICKTOWN	a. STATE MISSOURI b. COUNTY MADISON
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RURAL ROUTE 1	c. CITY OR TOWN FREDERICKTOWN Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) RURAL ROUTE 1 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last	
RUDOLPH PERCIFUL SMITH	
4. DATE OF DEATH Month Day Year	
OCT. 20, 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 5/12/1898
9. AGE (last birthday) 64	
IF UNDER 1 YEAR Months Days Hours Min.	
5 8	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	
10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) MINE LA MOTTE, MO.	
12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME GEORGE V. SMITH	
13b. MOTHER'S MAIDEN NAME MARY BROCK	
14. NAME OF HUSBAND OR WIFE BESSIE 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. BESSIE SMITH, RURAL ROUTE 1, FREDERICKTOWN, MO.	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) Cerebral Hemorrhage	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Thrombocytopenia	
DUE TO (c) Metastatic Carcinoma from prostate	
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 checked="" 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 a.m. 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 July 1962 to October 19, 1962 last saw her/him alive on 10-19-62	
Death occurred at 1:10 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <i>Arthur D. Newcomb, M.D.</i>	
22b. ADDRESS Fredericktown, Missouri	
22c. DATE SIGNED 10-22-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 10-22-62
23c. NAME OF CEMETERY OR CREMATORY CHRISTIAN CEMETERY	
23d. LOCATION (City, town, or county) (State) FREDERICKTOWN, MO.	
24. FUNERAL DIRECTOR SAM NAJIM, Jr., FREDERICKTOWN, MO.	
25. DATE RECD. BY LOCAL REG. 10-22-62	
26. REGISTRAR'S SIGNATURE <i>Therese Neider</i>	

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS (INSTEAD OF)

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

VS 300 Rev. 4/59

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STATE OF MISSOURI

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 Charles F. Weiss Jr.

Licensed Embalmer No. 5119

P. O. Address 508 Saline
Fredericktown 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.