

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-047834

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 264 Primary Registration District No. _____ Registrar's No. 51

STATE FILE NUMBER

FILED JAN 2 1963

1. PLACE OF DEATH a. COUNTY Ozark		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ozark	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jackson		Length of stay in 1b 40 Years	c. CITY OR TOWN Drury
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Drury - Route 1		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 HENRY SHERWOOD SMITH			4. DATE OF DEATH Month Day Year December 22, 1962		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/13/1887	9. AGE (last birthday) 75 Years	IF UNDER 1 YEAR Months Days Hours Min.
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) Mountain View, Mo	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Pierson Smith		13b. MOTHER'S MAIDEN NAME Rebecca Swars		14. NAME OF HUSBAND OR WIFE Never Married	
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 Address Mrs Alice Bever - Drury, Missouri		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Pulmonary Edema		1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Bronchial Pneumonia	4 days
	DUE TO (c)	

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"/> N. <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 April - 1947 to Dec. 21, 1962 and last saw her/him alive on Dec. 21, 1962
Death occurred at 1:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>W.A. Craig D.O.</i>	(Degree or title)	22b. ADDRESS <i>Mountain Grove Mo.</i>	22c. DATE SIGNED <i>12-23-62</i>
--	-------------------	---	-------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/24/1962	23c. NAME OF CEMETERY OR CREMATORY Eaton Cemetery	23d. LOCATION (City, town, or county) (State) Ozark County, Missouri
--	--------------------------------	---	--

24. FUNERAL DIRECTOR Barber Funeral Home - Mtn. Grove, Mo	ADDRESS	25. DATE RECD. BY LOCAL REG. 12-29-62	26. REGISTRAR'S SIGNATURE <i>Barbara Shaw</i>
---	---------	---	--

VS 300 Rev. 4/59
 0770
 207702
 3
 4 0
 5 0
 6
 7 0
 8 2
 9491X
 10
 11
 1290-2
 133-0
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF
 USE BLACK INK OR TYPEWRITER RIBBON

JAN 9 1963

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 Bob Davis, Student Embalmer No. 678

working under my personal supervision.

Student Bob Davis
Signature of Student Embalmer

Signed George Stapp

Licensed Embalmer No. 3161

P. O. Address My Home MD

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.