

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-009425

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **1503**

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED **FILED**

FILED FEB 19 1963

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Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF **1556 Maryland Ave., St. Louis, Mo.**
Robert L. Smith
Dunklin Co., Rt. 2, Senath, Mo.
Retired cook, Winnsboro, Texas
Robert S. Smith, Martha Susan
 BY AFFIDAVIT OF **Fun. Director**

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.		a. STATE Missouri , COUNTY Dunklin	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Baptist Hospital		d. STREET ADDRESS Route 2 (If outside, give location) 4156 Maryland, Ave.	
3. NAME OF DECEASED (Type or print) First Robert , Middle M. , Last Lorton Smith		4. DATE OF DEATH Month February , Day 8 , Year 1963	
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 1/29/1895
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired cook		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Winnsboro, Texas
13a. FATHER'S NAME Unknown Robert S. Smith		13b. MOTHER'S MAIDEN NAME Unknown Martha Susan Unknown Emma	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. Nil.		16. SOCIAL SECURITY NO.	
17. INFORMANT Emma Smith, Rt. 2, Senath, Mo.		14. NAME OF HUSBAND OR WIFE Unknown Emma	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ARTERIO-SCLEROTIC HEART DISEASE Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) BRONCHIECTASIS & PULMONARY EMPHYSEMA DUE TO (c) 4200			INTERVAL BETWEEN ONSET AND DEATH
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 JANUARY 21, 1963 to FEBRUARY 8, 1963 and last saw ^{her} him alive on 2-8-1963 Death occurred at 2:50 PM m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Ernest J. ... M.D.</i>		22b. ADDRESS 812 Olive Street, S.E.	22c. DATE SIGNED 2-8-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 2-10-63	23c. NAME OF CEMETERY OR CREMATORY Local	23d. LOCATION (City, town, or county) Senath, Mo.
24. FUNERAL DIRECTOR Albert H. Hoppe Inc., 4700 Washington, Blvd.		25. DATE RECD. BY LOCAL REG. FEB 11 1963	26. REGISTRAR'S SIGNATURE <i>Loal Smith, M.D.</i>

