

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-040439

STATE FILE NUMBER

Registration District No. 162 Primary Registration District No. 5594 Registrar's No. 118

DO NOT WRITE ON THIS STUB

AMENDED

FILED OCT 31 1963

PLACE OF DEATH

a. COUNTY

JEFFERSON

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

JEFFERSON

Inside Limits

Yes No

b. CITY (If outside corporate limits, give TOWNSHIP only)

Length of stay in 1b

OR TOWN

MERAMEC

c. CITY OR TOWN

MERAMEC TOWNSHIP

Reside on Farm

Yes No

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

CATANISSA RR #1

Inside Limits

Yes No

d. STREET ADDRESS

CATANISSA RRI RURAL

3. NAME OF DECEASED (Type or print)

First

Middle

Last

JOANNA

SMITH

4. DATE OF DEATH

Month

Day

Year

10 24 1963

5. SEX

F

6. COLOR OR RACE

WHITE

7. Married Never Married

Widowed Divorced

8. DATE OF BIRTH

10/30/1918

9. AGE (last birthday)

85

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

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

HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY

OWN HOME

11. BIRTHPLACE (City and state or country)

MOSELLE Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

JOSEPH BAY

13b. MOTHER'S MAIDEN NAME

ANNA SHORT

14. NAME OF HUSBAND OR WIFE

BENJAMIN W. SMITH

15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates)

NO

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

RUTH COLLINS

CATANISSA Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Circulatory Failure

INTERVAL BETWEEN ONSET AND DEATH

Immed

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Acute Cardiac Decompensation

DUE TO (c)

Advanced Atherosclerosis

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

Endarteritis Obliterans

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 Month, Day, Year

a.m.

p.m.

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 9/6/62 to 10/23/63 and last saw her/him alive on 10/20/63

Death occurred at 8 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Gayle Kilpatrick D.O.

22b. ADDRESS

House Springs, Mo

22c. DATE SIGNED

10/23/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

10-27-63

23c. NAME OF CEMETERY OR CREMATORY

Soul's Chapel Cemetery

23d. LOCATION (City, town, or county)

Potosi, Route 1, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Donald Sparks

Potosi, Mo.

25. DATE RECD. BY LOCAL REG.

10/28/63

26. REGISTRAR'S SIGNATURE

Mrs. Juanita Schmitt

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
1 0502
2 0500
3
4 1
5 2
6
7 0
8 2
9 4500
10
11
12 90-2
13 4-0

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 *Ronald Sparks*

Licensed Embalmer No. 4819

P. O. Address Potosi, 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.

Recd 10/21/25