

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-049064

STATE FILE NUMBER

DO NOT WRITE
ON THIS SUB

AMENDED

Registration District No. 292

Primary Registration District No. 4435

Registrar's No.

FILED JAN 8 1964

1. PLACE OF DEATH

a. COUNTY

Ralls.

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

OR TOWN Perry, Missouri.

Length of stay in 1b

10Yrs

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

HOSPITAL OR INSTITUTION Perry, Missouri.

Inside Limits

Yes ☒ No ☐

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

a. STATE

Mo

b. COUNTY

Ralls.

admission)

c. CITY

OR TOWN Perry, Missouri.

Inside Limits

Yes ☐ No ☒

d. STREET

ADDRESS Saltriver Township

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

First

Middle

Last

CLARENCE EUGENE SMITH

4. DATE

Month

Day

Year

Dec 24, 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒

Never Married ☐

Widowed ☐

Divorced ☐

8. DATE OF BIRTH

4-2-1902

9. AGE (last birthday)

61Yrs

IF UNDER 1 YEAR

Months

Days

Hours

Min.

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

Hardware dealer.

10b. KIND OF BUSINESS OR INDUSTRY

Hardware Store

11. BIRTHPLACE (City and state or country)

Shelbina, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Eugene Smith

13b. MOTHER'S MAIDEN NAME

Alice Beckett.

14. NAME OF HUSBAND OR WIFE

Helen 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

Address

Helen Smith. Perry, 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)

Coronary occlusion

INTERVAL BETWEEN ONSET AND DEATH

20 min

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

DUE TO (b)

Coronary disease

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.

☐ 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.

Month, Day, Year

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 Jan. 5 - 63 to Dec 24 63 and last saw him alive on Dec 24 - 63

Death occurred at 8:10 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

E. T. Swan

(Degree or title)

D.O.

22b. ADDRESS

Perry, Missouri.

22c. DATE SIGNED

12-24-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

12-27-1963

23c. NAME OF CEMETERY OR CREMATORY

Lickorcek Cemetery.

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

Perry Mo

(State)

24. FUNERAL DIRECTOR

ADDRESS

Clayton C. Lickorcek Perry, Missouri.

25. DATE RECD. BY LOCAL REG.

12-24-1963

26. REGISTRAR'S SIGNATURE

Clayton C. Lickorcek

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

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 C. Winkler

Licensed Embalmer No.

3850

P. O. Address

Lehigh, 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.