

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 139 Primary Registration District No. \_\_\_\_\_ Registrar's No. 48

STATE FILE NUMBER

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH  
**FILED SEP 12 1962**

a. COUNTY

Holt

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN BiglowLength of stay in 1b  
3 hrsc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTIONInside Limits  
Yes ☐ No ☒2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Atchisonc. CITY  
OR  
TOWN TarkioInside Limits  
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)  
Tarkio TwspReside on Farm  
Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

WILLIAM

FRANCES

SMITH

4. DATE  
OF  
DEATH

Month

Day

Year

Sept

2

1962

5. SEX

male

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

12/14/1909

9. AGE (last birthday)

52

IF UNDER 1 YEAR

Months

Days

Hours

Min.

8

18

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

farmer

10b. KIND OF BUSINESS OR INDUSTRY

general

11. BIRTHPLACE (City and state or country)

Tarkio, Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.

13a. FATHER'S NAME

James T. Smith

13b. MOTHER'S MAIDEN NAME

Maude

14. NAME OF HUSBAND OR WIFE

Mary A. 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.

188-22-5955

17. INFORMANT

Mrs. W.F. Smith

Address

Tarkio, 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)

DUE TO (b)

DUE TO (c)

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.Cerebral Anoxia  
Cardiac Arrest  
Myocardial InfarctionINTERVAL BETWEEN  
ONSET AND DEATH  
2 MIN.

4 MIN.

4 MIN.

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

was water skiing

PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. 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  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

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 May, 1962 to Sept 2, 1962 and last saw him alive on Sept 4, 1962  
Death occurred at 6:15 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Mound City, Mo.

22c. DATE SIGNED

(State)

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

burial

23b. DATE

9/6/1962

23c. NAME OF CEMETERY OR CREMATORY

Home Cemetery

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

Tarkio, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Davis Funeral Home Tarkio, Mo.

25. DATE RECD. BY LOCAL REG.

9-6-1962

26. REGISTRAR'S SIGNATURE

James H. Humphrey

USE BLACK INK  
OR  
TYPEWRITER RIBBON

OCT 2 1962

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

*Frost A. Browning*

Licensed Embalmer No. 3338

P. O. Address Tarkio, 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.