

CERTIFICATE OF DEATH

DO NOT WRITE
ON THIS STUB

9. 0
10a. 79
10b.
11. 0
12. 1
13. 4109
14.
15. 4
16.
17.
18. 0
19. CREDITS
20. 2-0

VS 300
Rev. 1/68

4. 0585

5. 2

DECEASED

USUAL RESIDENCE
WHERE DECEASED
LIVED. IF DEATH
OCCURRED IN
INSTITUTION, GIVE
RESIDENCE BEFORE
ADMISSION.

6. 0580

PARENTS

CAUSE

Registration District No. <u>385</u>		Primary Registration District No. <u>3038</u>		Registrar's No. <u>86</u>	
DECEASED—NAME FIRST MIDDLE LAST <u>Orra Norman Smith</u>			SEX <u>Male</u>	DATE OF DEATH (MONTH, DAY, YEAR) <u>April 15, 1968</u>	
1. RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) <u>White</u>		AGE—(LAST BIRTHDAY) (YEARS) <u>79</u>	UNDER 1 DAY HOURS MIN. <u>22</u> <u>88</u>	DATE OF BIRTH (MONTH, DAY, YEAR) <u>December 22, 1888</u>	
4. CITY, TOWN, OR LOCATION OF DEATH <u>Brookfield</u>		INSIDE CITY LIMITS SPECIFY YES OR NO <u>Yes</u>	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <u>Pershing</u>		
7a. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) <u>Missouri</u>		7b. CITIZEN OF WHAT COUNTRY <u>USA</u>	7c. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>Married</u>		7d. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) <u>Anna Maude Smith</u>
10. SOCIAL SECURITY NUMBER <u>490 30 4729</u>		11. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) <u>Retired</u>		12. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	
13. RESIDENCE—STATE <u>Mo.</u>		14. COUNTY <u>Linn</u>	15. CITY, TOWN, OR LOCATION <u>Purdin</u>		16. INSIDE CITY LIMITS (SPECIFY YES OR NO) <u>Yes</u>
17. FATHER—NAME FIRST MIDDLE LAST <u>William R Smith</u>		18. MOTHER—MAIDEN NAME FIRST MIDDLE LAST <u>Flora Neely</u>			
19. INFORMANT—NAME <u>Anna Maude Smith</u>			20. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <u>Purdin Missouri</u>		
PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]					
21. IMMEDIATE CAUSE (a) <u>Acute anterior myocardial infarction.</u> DUE TO, OR AS A CONSEQUENCE OF: (b) <u>Coronary occlusion.</u> DUE TO, OR AS A CONSEQUENCE OF: (c) <u>Arteriosclerosis</u>					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <u>24 hours</u>
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (G)					
22. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		23. DATE OF INJURY (MONTH, DAY, YEAR)	24. HOUR	25. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)	
26. INJURY AT WORK (SPECIFY YES OR NO)		27. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		28. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)	
29. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM <u>4-15-68</u> TO <u>4-15-68</u>		30. AND LAST SAW HIM/HER ALIVE ON <u>4-15-68</u>		31. I DID/DID NOT VIEW THE BODY AFTER DEATH. <u>Yes</u>	
32. CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		33. HOUR OF DEATH		34. THE DECEDENT WAS PROHOUNDED DEAD MONTH YEAR HOUR	
35. CERTIFIER—NAME (TYPE OR PRINT) <u>JOHN R. Dixon M.D.</u>		36. SIGNATURE <u>John R. Dixon M.D.</u>		37. DEGREE OF TITLE <u>M.D.</u>	
38. MAILING ADDRESS—CERTIFIER <u>125 East Lockling Avenue</u>		39. STREET OR R.F.D. NO.		40. CITY OR TOWN <u>Brookfield, Mo.</u>	
41. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		42. CEMETERY OR CREMATORY—NAME <u>Purdin</u>		43. LOCATION <u>Purdin, Missouri</u>	
44. DATE <u>4/17/1968</u>		45. FUNERAL HOME—NAME AND ADDRESS <u>Wade Funeral Home</u>		46. (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <u>Browning, Mo</u>	
47. FUNERAL DIRECTOR—SIGNATURE <u>Shirley J. Wade</u>		48. REGISTRAR—SIGNATURE <u>Anna Watson</u>		49. DATE RECEIVED BY LOCAL REGISTRAR <u>4-19-68</u>	

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

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

Gerald F. Webb

Licensed Embalmer No. 4172

P. O. Address Browning

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.