

Registrar's No. **11386**

**BURIAL**

DECEASED—NAME		FIRST		MIDDLE		LAST		SEX		DATE OF DEATH (MONTH, DAY, YEAR)	
1. Callie		M.		Smith				2. Female		December 7, 1968	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)		UNDER 1 YEAR MOS.		DAYS		UNDER 1 DAY HOURS		DATE OF BIRTH (MONTH, DAY, YEAR)	
4. White		5a. 77		5b.				5c.		4. April 29, 1891	
CITY, TOWN, OR LOCATION OF DEATH				INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)					
7b. St. Louis				7c. yes		7d. St. Luke's Hospital					
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)					
8. Missouri		9. U.S.		10. Widowed		11.					
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)				KIND OF BUSINESS OR INDUSTRY					
12. Unknown		13a. Retired Housewife				13b. At Home					
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION				INSIDE CITY LIMITS (SPECIFY YES OR NO)		STREET AND NUMBER	
14a. Missouri		14b. Linn		14c. Perdon				14d. no		14e.	
FATHER—NAME FIRST MIDDLE LAST				MOTHER—MAIDEN NAME FIRST MIDDLE LAST							
15. Henry Johnson				16. Orpha Mitchell							
INFORMANT—NAME				MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)							
17a. Guy Johnson				17b. Perdon, Mo.							
PART I. DEATH CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
18. IMMEDIATE CAUSE		(a) Coronary Thrombosis						8 days			
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (b), STATING THE UNDERLYING CAUSE LAST		(b)									
		(c)									
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)											
① Chronic pyelonephritis ② Carcinoma of colon & small bowel dist. past 10 yrs											
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOUR		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)					
20a.		20b.		20c.		20d.					
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION		STREET OR R.F.D. NO., CITY OR TOWN, STATE					
20a.		20b.		20c.		20d.					
CERTIFICATION—PHYSICIAN:		MONTH DAY YEAR		MONTH DAY YEAR		AND LAST SAW HIM/HER ALIVE ON		I DID/DID NOT VIEW THE BODY AFTER DEATH.		DEATH OCCURRED	
71a. I ATTENDED THE DECEASED FROM		1963		Dec 7, 1968		21. Dec 7 1968		71d.		71b. 4:00p	
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.				HOUR OF DEATH		THE DECEDENT WAS PRONOUNCED DEAD					
72a.				M. 72b.		YEAR DAY HOUR					
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)					
73a. Dr. George W. Ittner		73b. George W. Ittner, M.D.		73c.		73d. 12-9-68					
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN		STATE					
73a. 5305 Delmar		73b. Perdon Cemetery		73c. Perdon, Mo.		73d.					
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION		CITY OR TOWN		STATE			
74a. Removal		74b. Perdon Cemetery		74c. Perdon, Mo.		74d.					
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)									
74a. 12-10-68		74b. Wade Funeral Home, Browning, Missouri.									
FUNERAL DIRECTOR—SIGNATURE		REGISTERAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR							
75a. Lawrence E. Meyer		75b. M. D.		74b. DEC 9 1968							

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 Leo J. Burke

Licensed Embalmer No. 3989

P. O. Address St. Louis, 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.