

FILED MAY 21 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15692

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>522</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Healy</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St Joseph</u>		c. LENGTH OF STAY (in this place) <u>540/10/6/2</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>		0350	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #2</u>				d. STREET ADDRESS (If rural, give location) <u>King City Mo</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nancy</u>		b. (Middle)		c. (Last) <u>Smith</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5 9 1951</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>unmarried</u>		8. DATE OF BIRTH <u>10-5-1972</u>	
9. AGE (In years last birthday) <u>78</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife at home</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Samuel Sheppard</u>		13b. MOTHER'S MAIDEN NAME <u>Laura Hinn</u>		13c. NAME OF HUSBAND OR WIFE <u>Charles Smith</u>	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		15. SOCIAL SECURITY NO. <u>rel</u>		16. INFORMANT'S SIGNATURE OR NAME <u>Mrs Nora Rice Mayeville Mo</u>			
17. ADDRESS		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Acute Myocarditis</u>					
19. MEDICAL CERTIFICATION		20. INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>				21. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Arteriosclerosis</u>	
22. DUE TO (a)		23. DUE TO (b)				24. DUE TO (c)	
25. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>psychotic</u>		26. DATE OF OPERATION <u>5-9-1951</u>				27. MAJOR FINDINGS OF OPERATION <u>4500</u>	
28. DATE OF OPERATION		29. MAJOR FINDINGS OF OPERATION		30. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		31. ACCIDENT SUICIDE HOMICIDE (Specify)	
32. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		33. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		34. TIME OF INJURY (Month) (Day) (Year) (Hour)		35. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
36. HOW DID INJURY OCCUR?		37. I hereby certify that I attended the deceased from <u>Jan 1 4 1951</u> to <u>5-9</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>5-8</u> , 19 <u>51</u> , and that death occurred at <u>7:30 PM</u> from the causes and on the date stated above.					
38. SIGNATURE (Degree or title) <u>Edwina M. ...</u>		39. ADDRESS <u>State Hospital #2</u>		40. DATE SIGNED <u>5-9-1951</u>			
41. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		42. DATE <u>5-10-51</u>		43. NAME OF CEMETERY OR CREMATORY <u>Fairport Cemetery</u>		44. LOCATION (City, town, or county) (State) <u>Fairport Mo</u>	
45. DATE REC'D BY LOCAL REG. <u>May 15, 1951</u>		46. REGISTRAR'S SIGNATURE <u>Carl C. Cash</u>		47. FUNERAL DIRECTOR'S SIGNATURE <u>Joseph F. ...</u>		48. ADDRESS <u>King City Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0117

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

John Roy Stanley

Signed.....
Student Embalmer

Licensed Embalmer No. 2435

P. O. Address St. Joseph

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 this body is not embalmed, fact should be so stated above.