

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16018

State File No. _____

FILED JUN 8 1951

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 148

1264

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

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>	
c. LENGTH OF STAY (in this place) <u>30yrs</u>		d. STREET ADDRESS (If rural, give location) <u>726 Locust St.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>726 Locust St.</u>			

3. NAME OF DECEASED (Type or Print) <u>Betty Elizabeth Smillie</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 2, 1951</u>		
a. (First)		b. (Middle)		c. (Last)	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 24, 1888</u>	9. AGE (In years) <u>62</u>	IF UNDER 1 YEAR: Months <u>5</u> Days <u>8</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own</u>		11. BIRTHPLACE (State or foreign country) <u>Linn, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Henry Eickhoff</u>		13b. MOTHER'S MAIDEN NAME <u>Kathryn Luecke</u>		14. NAME OF HUSBAND OR WIFE <u>George R. Smillie</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>George R. Smillie, Jefferson City, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Nephritis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic intestinal</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>592X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

2. I hereby certify that I attended the deceased from _____, 1939, to June 2, 1951, that I last saw the deceased alive on 6/2, 1951, and that death occurred at 8:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>David C. Baker M.D.</u> (Degree or title)		23b. ADDRESS <u>Jefferson City, Missouri</u>		23c. DATE SIGNED <u>6/4/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 4, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Riverview Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Jefferson City, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>June 4 1951</u>		REGISTRAR'S SIGNATURE <u>R.P. Davis M.D. - M.R. 68</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Victor Buescher Jefferson City Mo</u>	
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RECEIVED 6-7-51

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 6-7-51

NOV 17 1958

JAN 12 1958

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

Victor Buescher

Signed.....
Student Embalmer

Licensed Embalmer No. 3701

P. O. Address *Jefferson City 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 this body is not embalmed, fact should be so stated above.