

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36403

State File No.

FILED DEC 14 1954

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4014 Registrar's No. 127

1. PLACE OF DEATH a. COUNTY <u>Atchison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Atchison</u>	
b. CITY OR TOWN <u>Fairfax Mo</u>	c. LENGTH OF STAY (In this place) <u>2 days</u>	c. CITY (If outside corporate limits, write RURAL and give township): OR TOWN <u>Rock-Port Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fairfax Community Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>8020</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Effie</u> b. (Middle) _____ c. (Last) <u>Smith</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 3 1954</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>July 22 - 1868</u>	9. AGE (In years: last birthday) <u>86</u>	10. UNDER 1 YEAR: Months <u>5</u> Days <u>11</u>	11. UNDER 1 MO. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Keeping the home</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Atchison Co</u>	12. CITIZEN OF WHAT COUNTRY? _____
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13a. FATHER'S NAME <u>Dedrick Smith</u>	13b. MOTHER'S MAIDEN NAME <u>Trunkie Remmers</u>	14. NAME OF HUSBAND OR WIFE <u>never married</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Miss Annie Smith</u>	ADDRESS <u>Rock Port Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute pulmonary edema</u>		<u>2 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac decompensation</u> DUE TO (c) <u>Arteriosclerotic heart disease</u>		<u>2 days</u> <u>10 years</u>
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 _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>4200</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from Aug., 1954, to Dec, 1954, that I last saw the deceased alive on Dec 3, 1954, and that death occurred at 8:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Wallace Carpenter M.D.</u>	23b. ADDRESS <u>Rock Port Mo.</u>	23c. DATE SIGNED <u>12-3-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 6 - 54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hunter Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Rock Port Mo</u>
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DATE REC'D BY LOCAL REG. <u>Dec 7, 1954</u>	REGISTRAR'S SIGNATURE <u>Marvin H. Schaefer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Bertram Eugene Home</u>	ADDRESS <u>Rock Port Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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
Student Embalmer

Signed C. E. Bertram

Licensed Embalmer No. 1764

P. O. Address Rock Post 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.