

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED OCT 29 1956

State File No. **33487**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3617 Registrar's No. 133

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Cooper</u>	
b. CITY OR TOWN <u>Boonville</u>	c. LENGTH OF STAY (in this place) <u>6 mo</u>	c. CITY OR TOWN <u>Boonville</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		STREET ADDRESS (If rural, give location) <u>906 Gruebeck St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) MABLE b. (Middle) LEE c. (Last) SMITH

4. DATE OF DEATH (Month) (Day) (Year) Oct. 19 - 56

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 8. DATE OF BIRTH Feb 14 - 12 - 1887 9. AGE (In years last birthday) 69

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife 11. BIRTHPLACE (City and State or Foreign Country) Howard Co. Mo. 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME J. B. Waterfield 13b. MOTHER'S MAIDEN NAME MARY BURRIS Waterfield 14. NAME OF HUSBAND OR WIFE Geo E. Smith Dec.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) \_\_\_\_\_ 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT'S SIGNATURE OR NAME Mrs. J. D. Cochran ADDRESS 906 Gruebeck Boonville Mo

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) myocardial infarction

ANTECEDENT CAUSES (b) arteriosclerosis (c) Diabetes

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 1-2 years  
2 years  
2 years

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

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) 260X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from Oct 1, 1955, to Oct 19, 1956 that I last saw the deceased alive on Oct 19, 1956, and that death occurred at 2:30 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) L. L. Chamberlain M.D. 23b. ADDRESS Boonville Mo 23c. DATE SIGNED 10-20-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Remove 24b. DATE Oct 20 - 56 24c. NAME OF CEMETERY OR CREMATORY Maple Chapel 24d. LOCATION (City, town, or county) (State) Howard Co. Hwy 87 Mo.

DATE REC'D BY LOCAL REG. 10/20/56 REGISTRAR'S SIGNATURE E. Hooper 25. FUNERAL DIRECTOR'S SIGNATURE H. H. Hall ADDRESS New Franklin Mo

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.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 351.....

P. O. Address New Frank.....

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.