FILED NOV 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35131
STATE FILE NUMBER

72672-56 Registration District No. 301 Primary Registration District No. 4450 Registrar's No. 660

1. PLACE OF DEATH
a. COUNTY Ripley
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Doniphan — Inside Limits Yes ✓ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Community Hospital — Length of stay in 1b 45 m.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Ripley
c. CITY OR TOWN Doniphan — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) Rte 2. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Nellie Middle Last Smith.

4. DATE OF DEATH Month Oct Day 19 Year 1956.

5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Oct 19 1956.
9. AGE (In years last birthday) IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min. 45
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Doniphan Mo
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Walter Smith
14. MOTHER'S MAIDEN NAME Sylvia Decker.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Sylvia Decker Address Doniphan Mo Rt 2.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) prematurity — INTERVAL BETWEEN ONSET AND DEATH 30 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) premature placental separation — 24 hrs.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 7615
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Oct 19, 1956 3:40 p.m. to Oct 19, 1956 4:25 p.m. and last saw her/him alive on Oct 19, 1956
Death occurred at 4.26 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Frank C Johnson M.D.
22b. ADDRESS Doniphan Mo
22c. DATE SIGNED Oct 27 1956

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Oct. 30-1956
23c. NAME OF CEMETERY OR CREMATORY Family Cemetery
23d. LOCATION (City, town, or county) (State) Ripley County — Missouri

24. FUNERAL DIRECTOR Edwards Funeral Home
ADDRESS Doniphan Mo
25. DATE RECD. BY LOCAL REG. 10-31-56
26. REGISTRAR'S SIGNATURE C B Johnston

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

Health, Welfare Public Service

300 1-56

7-0

Body was not Embalmed!

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.