

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40832

State File No.

BIRTH NO. 85682-5L REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 67

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

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Cape Girardeau</u>		c. LENGTH OF STAY (in this place) <u>7 days</u>	c. CITY OR TOWN <u>Cape Girardeau</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>Cape Girardeau</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Teresea</u> b. (Middle) <u>Marie</u> c. (Last) <u>Smith</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 21, 1956</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Dec. 14, 1956</u>
9. AGE (In years last birthday) <u>1</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>10</u>	IF UNDER 24 HRS. Hours <u>10</u> Min.	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Cape Girardeau, Mo.</u>
13a. FATHER'S NAME <u>James H. Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Patsy Carson</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>James H. Smith-Louisville, Kentucky</u>
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital Defect of Skull + Brain</u> INTERVAL BETWEEN ONSET AND DEATH <u>at birth</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 _____	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) <u>7582</u>
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? _____
22. I hereby certify that I attended the deceased from <u>12/14, 1956</u> , to <u>12-21, 1956</u> , that I last saw the deceased alive on <u>12-21, 1956</u> , and that death occurred at <u>11:45 AM</u> from the causes and on the date stated above.			
23a. SIGNATURE (Ink, name & title) <u>Charles J. Herbert MD</u>		23b. ADDRESS <u>Cape Girardeau, Mo</u>	23c. DATE SIGNED <u>12/29/56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 22, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemt.</u>	24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau, Mo.</u>
DATE REC'D BY LOCAL REG. <u>12-31-56</u>		REGISTRAR'S SIGNATURE <u>W. C. Summers</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. C. Summers Cape Girardeau, Mo.</u>

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.....
J. H. Hansen

Licensed Embalmer No. *2863*

P. O. Address *Pepe, Nevada*

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.