

FILED DEC 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40888

BIRTH NO.		REG. DIST. NO. 70		PRIMARY REG. DIST. NO. 4124		Registrar's No. 74			
1. PLACE OF DEATH a. COUNTY Clark				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Scotland	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kahoka, c			c. LENGTH OF STAY (in this place) 1 year		c. CITY OR TOWN Rutledge,		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION Mitchell Rest Home				e. STREET ADDRESS (If rural, give location) 0990,					
3. NAME OF DECEASED (Type or Print) a. (First) Mary			b. (Middle) E		c. (Last) Smith		4. DATE OF DEATH (Month) (Day) (Year) Dec 6, 1956		
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Dec. 9, 1866		9. AGE (In years last birthday) 89 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Scotland Co. Missouri			12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME John R. Frogge			13b. MOTHER'S MAIDEN NAME Sophronia Parker			14. NAME OF HUSBAND OR WIFE John G. Smith			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Mrs. Hubert Dieterich			ADDRESS Arbela, Mo.		
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis				INTERVAL BETWEEN ONSET AND DEATH months	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-sclerosis				years	
				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 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)		4221			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 July 1, 1956, to Dec 6, 1956, that I last saw the deceased alive on Dec 5, 1956 and that death occurred at 7:15 A.M., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Perry S. Boston, D.O.				23b. ADDRESS Kahoka, Mo				23c. DATE SIGNED 12-7-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Dec. 8, 1956		24c. NAME OF CEMETERY OR CREMATORY Rutledge,		24d. LOCATION (City, town, or county) (State) Rutledge, Missouri			
DATE REC'D BY LOCAL REG. 12/10-56		REGISTRAR'S SIGNATURE J. B. Rogers			25. FUNERAL DIRECTOR'S SIGNATURE L. P. Brown		ADDRESS Rutledge, Mo		

(Licensed Embalmer's Statement on Reverse Side)

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

REC-19 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 *myself*..... Student Embalmer No.

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Fred [Signature]

Licensed Embalmer No. 471

P. O. Address *[Signature]*

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.