

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1467**
192
Registrar's No. _____

FILED FEB 4 1957

BIRTH NO. _____ REG. DIST. NO. **199** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death and institution). a. STATE ARKANSAS		b. COUNTY Crawford	
b. CITY (If outside corporate limits, write RURAL and give town) Kansas City		c. CITY OR TOWN MORRILTON		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (In this place) 7 days		e. STREET ADDRESS (If rural, give location) 3 Route 11 Tor			
d. FULL NAME OF HOSPITAL OR INSTITUTION General #2					
3. NAME OF DECEASED (Type or Print) a. (First) Emma		b. (Middle)		c. (Last) Smith	
4. DATE OF DEATH (Month) (Day) (Year) Jan. 10, 1957					
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Wid.	8. DATE OF BIRTH November 16, 1886	9. AGE (In years last birthday) 70 yrs.	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) South Carolina	
12. CITIZEN OF WHAT COUNTRY? USA					
13a. FATHER'S NAME Jiles Galloway		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Jobe 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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jobie Smith, son 3218 Victor	
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, asphemia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease with failure. ANTECEDENT CAUSES Morbid 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. Residual Cerebral vascular accident.			INTERVAL BETWEEN ONSET AND DEATH 4200
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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)	
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 1-3-57 , 19___, to 1-10-57 , 19___, that I last saw the deceased alive on 1-10-57 , 19___, and that death occurred at 5:40 P.M. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) W. R. Peterson MD				23b. ADDRESS 600 E. 22nd Street	
23c. DATE SIGNED 1-14-57					
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1/17/57		24c. NAME OF CEMETERY OR CREMATORY Morrilton, Arkansas	
24d. LOCATION (City, town, or county) (State)					
DATE REC'D BY LOCAL REG. 1-14-57		REGISTRAR'S SIGNATURE Nevar Minshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WATKINS BROS. FN. HM. 18th & Benton	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
W. R. Peterson

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 *Bruce R. Watkins*

Licensed Embalmer No. *45-u*

P. O. Address *15th & Be*

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.