THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 3394

FILED FEB 5 1957 Registration District No. 337 Primary Registration District No. 4496 Registrar's No. 9

1. PLACE OF DEATH
a. COUNTY: Shelby
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Shelbyville, Mo. Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Dodd Rest Home Length of stay in Ib: 6 weeks

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

3. NAME OF DECEASED (Type or print): First: Mary Middle: Ann Last: Smith
4. DATE OF DEATH: Month 1 Day 25 Year 1957
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: Jan 9, 1856
9. AGE (In years last birthday): 101 IF UNDER 1 YEAR: Months 0 Days 16 IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: retired
11. BIRTHPLACE (City and state or country): Shelby County, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Lee Harrison
14. MOTHER'S MAIDEN NAME: Mary J. Smith
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: X
17. INFORMANT: Mrs. Charles Dinwiddie Address: Shelbina, Mo.

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) Bronchio-Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 49/XF
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Fracture of Left Hip - Arteriosclerosis
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Fracture L. hip.
20c. TIME OF INJURY Hour 9 a. m. p. m. Month, Day, Year Jan 13-57
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.): Dodd Home
20f. CITY, TOWN, OR LOCATION: Shelbyville COUNTY: Shelby STATE: Mo.
21. I attended the deceased from Jan 13 1957 to Jan 25 1957 and last saw her alive on Jan 25 1957
Death occurred at 10:35 P m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: T. G. Crocker M.D. (Degree or title)
22b. ADDRESS: Shelbyville Mo.
22c. DATE SIGNED: 1-28-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1-27-1957
23c. NAME OF CEMETERY OR CREMATORY: Oakdale Cemetery
23d. LOCATION (City, town, or county) (State): Oakdale, Missouri
24. FUNERAL DIRECTOR ADDRESS: Barkelew & Davis Shelbina, Mo.
25. DATE RECD. BY LOCAL REG.: 2-1-57
26. REGISTRAR'S SIGNATURE: Ada Harrison

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

JAN 5 1959

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 James D. Davis

Licensed Embalmer No. 44

P. O. Address Shelbina

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