

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3395

FILED FEB 5 1957

STATE FILE NUMBER

Registration District No. 337 Primary Registration District No. 6170 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <b>SHELBY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>SHELBY</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>CLAY TOWNSHIP</b>		c. CITY OR TOWN <b>CLARENCE MO</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>CLARENCE MO</b>		d. STREET ADDRESS (If outside, give location) <b>CLARENCE MO</b>	
Length of stay in lb <b>55 YRS</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>SUSIE</b> Middle <b>E</b> Last <b>SMITH</b>			4. DATE OF DEATH Month <b>JAN</b> Day <b>20</b> Year <b>1957</b>			
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>AUG 17, 1865</b>	9. AGE (In years last birthday) <b>91</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HOUSEWIFE</b>		11. BIRTHPLACE (City and state or country) <b>STANTON VA</b>		
13. FATHER'S NAME <b>PATRICK MC CARTY</b>			14. MOTHER'S MAIDEN NAME <b>VIRGINIA CRAWFORD</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT <b>MRS ORVAL POWELL CLARENCE MO</b>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			INTERVAL BETWEEN ONSET AND DEATH		
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Chr Mitral Regurgitation</b>			<b>4 years</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) <b>Chronic Cardiovascular Renal Heart Disease</b>		
DUE TO (c)			<b>3 years</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>410X</b>		
20c. TIME OF INJURY Hour <b>6:30 P.</b> Month <b>Aug</b> Day <b>27</b> Year <b>1952</b>			20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION		20g. COUNTY STATE	

21. I attended the deceased from <b>Aug 27, 1952</b> to <b>Jan 20, 1957</b> and last saw her alive on <b>Jan 19, 1957</b> Death occurred at <b>6:30 P. m.</b> on the date stated above; and to the best of my knowledge, from the cause stated.			
22a. SIGNATURE (Degree or title) <b>Dr. B.L. Edrington MD</b>		22b. ADDRESS <b>Clarence, Mo.</b>	22c. DATE SIGNED <b>1-29-57</b>

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>1-24-57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>UNION CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>SHELBY COUNTY MO</b>
24. FUNERAL DIRECTOR <b>Charles W. Fleming</b>		25. DATE RECD. BY LOCAL REG. <b>1-30-57</b>	26. REGISTRAR'S SIGNATURE <b>Ada Garrison</b>

(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 causally related. Coroner cannot certify to a death due to natural causes.  
 Doctor, coroner, etc., must use only standard forms.

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 *Charles V. Freeman*

Licensed Embalmer No. 46

P. O. Address *Princeton*

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