

FILED MAY 15 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12293

STATE FILE NUMBER

336

Registration District No. 40 Primary Registration District No. 3007 Registrar's No. 336

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived: If institutional, Residence before admission) a. STATE Missouri b. COUNTY Ripley	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff		c. CITY OR TOWN Doniphan	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Doctors Hospital		d. STREET ADDRESS (If outside, give location) Locust St.	

3. NAME OF DECEASED (Type or print) First LAURA Middle TENNESSEE Last SMITHSON			4. DATE OF DEATH Month April Day 26 Year 1957		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 22-1880		9. AGE (In years last birthday) 77
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and state or country) Ripley Co. - Missouri	
13. FATHER'S NAME JONATHAN PULLIAM			14. MOTHER'S MAIDEN NAME SARAH JOHNSTON		
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.		17. INFORMANT Seth SMITHSON - Doniphan - Mo.	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary edema Myocardial failure Cerebral hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 1 da 3 da 13 da
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.)	
20c. TIME OF INJURY Hour 10:30 p. Month April Day 26 Year 1957	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Poplar Bluff Mo		20f. CITY, TOWN, OR LOCATION Doniphan
21. I attended the deceased from April 16, 1957 to April 26, 1957 and last saw her alive on Apr. 26, 1957 Death occurred at 10:30 p. m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE D. L. Knecht Sr. D.		22b. ADDRESS Poplar Bluff Mo
22c. DATE SIGNED 5/6/57		

23a. BURIAL, CREMATION, REMOVAL (Spiff's) Burial	23b. DATE 4/28/57	23c. NAME OF CEMETERY OR CREMATORY Doniphan Cemetery	23d. LOCATION (City, town, or county) (State) Doniphan - Missouri
24. FUNERAL DIRECTOR Edwards Funeral Home		25. DATE RECD. BY LOCAL REG. 5/8/57	26. REGISTRAR'S SIGNATURE D. L. Knecht

Health, Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

99-0

(Continued on Reverse Side)

RECEIVED
MAY 13 1957

BUTLER CO. HEALTH CENTER:

FILE No. _____

VS MAY 25 1959

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 *Gand Harrent*

Licensed Embalmer No. 480

P. O. Address *Douglas*

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.