FILED SEP 3 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57-027503
STATE FILE NUMBER

Registration District No. 37 Primary Registration District No. 4049 Registrar's No. 36

1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Centralia — Inside Limits Yes ✓ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Hulen Nursing Home — Length of stay in 1b: 4 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Gentry
c. CITY OR TOWN: Stanberry — Inside Limits Yes ✓ No ☐
d. STREET ADDRESS (If outside, give location): 408 Maine — Resided on Farm Yes ☐ No ✓

3. NAME OF DECEASED (Type or print): First GERTIE Middle MAE Last SMITH

4. DATE OF DEATH: Month Aug. Day 30 Year 1957

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ✓ DIVORCED ☐
8. DATE OF BIRTH: Dec-11-1883
9. AGE (In years last birthday): 73
IF UNDER 1 YEAR: Months 8 Days 20
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: —
11. BIRTHPLACE (City and state or country): Gentry County Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Griffey
14. MOTHER'S MAIDEN NAME: Martha Morris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs. Tressie Potter Address: Moberly Mo.

MEDICAL CERTIFICATION

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): Hypostatic Pneumonia — 16 hr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cerebral Hemorrhage — 24 hours
DUE TO (c): ~~Hypertension~~ Arteriosclerosis — Unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 331X.

19. WAS AUTOPSY PERFORMED? YES ☐ NO ✓

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 7-15-57 to 8-30-57 and last saw her/him alive on 8-30-57
Death occurred at 10:50 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: W. C. Kelley (Degree or title) D.O.
22b. ADDRESS: Moberly, Mo
22c. DATE SIGNED: 8-31-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Sept-1-1957
23c. NAME OF CEMETERY OR CREMATORY: High Ridge Cemetery
23d. LOCATION (City, town, or county) (State): Stanberry Missouri

24. FUNERAL DIRECTOR: Phillips Mortuary ADDRESS: Stanberry Mo.
25. DATE RECD. BY LOCAL REG.: Aug. 31-1957
26. REGISTRAR'S SIGNATURE: Maud McBride

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....K. M. Cater.....

Licensed Embalmer No. 4

P. O. Address Moberly

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

(LICENSED EMBALMER'S SIGNATURE ON REVERSE SIDE)