V.S. No. 300
Rev. 10-48

FILED OCT 28 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36590

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 249

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Livingston
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chillicothe
c. LENGTH OF STAY (in this place): 13 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Chillicothe Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Caldwell
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Breckenridge
d. STREET ADDRESS (If rural, give location): 0130

3. NAME OF DECEASED (Type or Print)
a. (First): Pleatus
b. (Middle): Lodema
c. (Last): Smith

4. DATE OF DEATH (Month) (Day) (Year): Oct 20-1957

5. SEX: Fe
6. COLOR OR RACE: wh
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 8-1890
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 1 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: Own home
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME: John L. Coberley
13b. MOTHER'S MAIDEN NAME: Alice Slentz
14. NAME OF HUSBAND OR WIFE: Calvin Elwood Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME (ADDRESS): Calvin Elwood Smith Breckenridge Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Renal Failure (Kimmel-Steel Wilson Syndrome) — INTERVAL BETWEEN ONSET AND DEATH: 6 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Diabetes Mellitus — Unknown
DUE TO (c): 260X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Congestive heart failure — 2 mos

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ 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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 7, 1957, *to* Oct 20, 1957, *that I last saw the deceased alive on* Oct 20, 1957, *and that death occurred at* 12:00 noon *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): William L. Fair M.D.
23b. ADDRESS: Chillicothe Mo
23c. DATE SIGNED: Oct 22-1957

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct 23-1957
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cem
24d. LOCATION (City, town, or county) (State): Breckenridge Mo.

DATE REC'D BY LOCAL REG.: Oct. 20/57
REGISTRAR'S SIGNATURE: Frances B Neill
25. FUNERAL DIRECTOR'S SIGNATURE: Mead Funeral Service
ADDRESS: Breckenridge Mo.

(Licensed Embalmer's Statement on Reverse Side)

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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 .....
Student Embalmer

Signed Bernard L. Mead

Licensed Embalmer No. 2801

P. O. Address Drayner, Mo.

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 this body is not embalmed, fact should be so stated above.