

FILED JAN 13 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44131

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 5460 Registrar's No. 1237C

S. 300
ev. 1-57

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>RURAL CLAY TOWNSHIP</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Springfield</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>SPRINGFIELD</u> HOSPITAL OR INSTITUTION <u>RURAL #3</u>		d. STREET ADDRESS (If outside, give location) <u>R#3, Box 923</u>	
3. NAME OF DECEASED (Type or print) First <u>Sarah</u> Middle <u>ELLEN</u> Last <u>Smith</u>		4. DATE OF DEATH Month <u>Dec.</u> Day <u>26</u> Year <u>1957</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>MARCH 28, 1898</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	9. AGE (In years last birthday) <u>79</u>
11. BIRTHPLACE (City and state or country) <u>Christian Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Thomas W. Kelley</u>		13b. MOTHER'S MAIDEN NAME <u>Woods</u>	
14. NAME OF HUSBAND OR WIFE <u>Deceased</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT <u>Wela Smith, Springfield, R#3 Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiovascular accident, thrombosis</u> DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>332XA</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u> <u>yes</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>① Coronary artery disease - 3 yrs</u> <u>② Rheumatoid arthritis - 4 yrs</u> <u>③ Tuberculosis, pulmonary, chronic</u>			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 _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____		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.)		20f. CITY, TOWN, OR LOCATION <u>332XA</u>	
21. I attended the deceased from Death occurred at <u>3⁰⁰ pm</u> on the date stated above; and to the best of my knowledge, from the causes stated.		21. I attended the deceased from <u>1 Jan. 1957</u> to <u>26 Dec 57</u> and last saw her alive on <u>26 Dec 57</u>	
22a. SIGNATURE <u>J. D. Cooper M.D.</u>		22b. ADDRESS <u>034RK, MO</u>	
22c. DATE SIGNED <u>31 Dec 57</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>12-29-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Smith Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Rogersville Rural, Missouri</u>		23e. STATE <u>Missouri</u>	
24. FUNERAL DIRECTOR <u>J. C. Ferrell, Rogersville Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>1-6-58</u>	
26. REGISTRAR'S SIGNATURE <u>W. H. Williamson</u>			

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 *Wm K Ferrell*

Licensed Embalmer No. *4910*

P. O. Address *Bozeman, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.