

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008859
STATE FILE NUMBER

FILED MAR 18 1958

Registration District No. 37 Primary Registration District No. 4D49 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY Boone County		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Centralia Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Clark Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Way Nursing Home Length of stay in 1b 1 day		d. STREET ADDRESS (If outside, give location) Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Gertrude Middle Lee Last Smith			4. DATE OF DEATH Month March Day 13 Year 1958		
5. SEX Female	6. COLOR OR RACE Caucasian	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 23, 1882	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Month 1 Days 20
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) Randolph County		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John Spurling			14. MOTHER'S MAIDEN NAME Minerva Lawrence		
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. No	17. INFORMANT Address Mrs. Orville W. Crump, California		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Circulatory Failure		INTERVAL BETWEEN ONSET AND DEATH 2 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Chronic Congestive Cardiac Failure	2 Yrs
	DUE TO (c) Arteriosclerosis	Years
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.) 4500	
20c. TIME OF INJURY Hour 4:30 Month Jan Day 15 Year 1958 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 Sturgeon, Mo.	COUNTY STATE

21. I attended the deceased from **Jan 1954** to **Mar 13, 1958** and last saw her ^{her} ~~last~~ alive on **Mar 11, 1958**
Death occurred at **4:30 A** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
Henry J. Stewart D.O. 2

22b. ADDRESS
Sturgeon, Mo.

22c. DATE SIGNED
3-14-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE March 15, '58	23c. NAME OF CEMETERY OR CREMATORY Chapel Grove	23d. LOCATION (City, town, or county) (State) Clark, Mo.
24. FUNERAL DIRECTOR Bill E. Meador ADDRESS		25. DATE RECD. BY LOCAL REG. March 15-1958	26. REGISTRAR'S SIGNATURE Maud McBride

(Licensed Embalmer's Statement on Reverse Side)

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

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MAR 27 1958

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 *Bill J. Medlar*

Licensed Embalmer No. *40*

P. O. Address *Sturgeon*

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.