

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013457
STATE FILE NUMBER

FILED APR 21 1958

Registration District No. 47 Primary Registration District No. 5162 Registrar's No. 86

300
-57

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1. PLACE OF DEATH a. COUNTY Callaway			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY St. Clair		
b. CITY (If outside corporate limits, give TOWNSHIP only) Cleveland Twp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN E. St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) Hway 40		Length of stay in 1b nil	d. STREET ADDRESS 312 S. 20th St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Minnie Middle Reed Last Smith			4. DATE OF DEATH Month Apr. Day 12 Year 1958		
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 3, 1896	9. AGE (In years last birthday) 51	IF UNDER 1 YEAR Months Days 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 at home	11. BIRTHPLACE (City and state or country) Shuqulak Mississippi		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Rev. John Nicholson		13b. MOTHER'S MAIDEN NAME Virginia Daniel		14. NAME OF HUSBAND OR WIFE	
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. unknown	17. INFORMANT Address Leslie Lampley East St. Louis Ill.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Electrocution					INTERVAL BETWEEN ONSET AND DEATH inst
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) DUE TO (c)					
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 checked="" 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.) One truck accident struck pole wire fell on			
20c. TIME OF INJURY 9:30 p.m. 4/12/58		20d. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) truck was electrocuted when thrown to ground			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. CITY, TOWN, OR LOCATION in contact with tru Hway 40 W Kingdom City Cleveland Twp Callaway 014 Mo			
21. I attended the deceased from 9:30 P.M. and last saw her alive on _____ Death occurred at 9:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Wm A. Stewart</i> (Degree or title) Coroner 3			22b. ADDRESS Fulton Missouri		22c. DATE SIGNED 4/16/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/20/58	23c. NAME OF CEMETERY OR CREMATORY Sunset garden Memorial		23d. LOCATION (City, town, or county) (State) Stokey Twp. Illinois	
24. FUNERAL DIRECTOR Maupin General		ADDRESS Fulton Mo	25. DATE RECD. BY LOCAL REG. April-19-1958	26. REGISTRAR'S SIGNATURE <i>Maretha Lawrence</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

APR 22 1958

MAY 6 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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.