

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017476
STATE FILE NUMBER

FILED MAY 19 1958 Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 120

300
-57
+30

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fulton	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Fulton	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Callaway Mem. Hosp.	Length of stay in 1b 10 da.	d. STREET ADDRESS 825 Grand Ave.	(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) Allie M. Smith	First Middle Last	4. DATE OF DEATH May 16, 1958	Month Day Year
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 28/1869	9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired	10b. KIND OF BUSINESS OR INDUSTRY housewife	11. BIRTHPLACE (City and state or country) Ashland Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Elijah Crump	13b. MOTHER'S MAIDEN NAME Mary Jones	14. NAME OF HUSBAND OR WIFE Reid Smith
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, no) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. no	17. INFORMANT Mrs. Cecil Thompson	Address Fulton Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Pneumonia DUE TO (b) Chronic Degenerated Cardiac Muscles DUE TO (c) 4344F	INTERVAL BETWEEN ONSET AND DEATH 1 wk 1 wk
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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.) Fract. Rt. Hip. 2 wks. before death.
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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 COUNTY STATE
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21. I attended the deceased from 1945 to Death and last saw her alive on 5-16-58 Death occurred at 10:15AM on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) John J. Brown MD	22b. ADDRESS Fulton Mo	22c. DATE SIGNED 5-17-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 18/58	23c. NAME OF CEMETERY OR CREMATORY Hillcrest	23d. LOCATION (City, town, or county) (State) Fulton, Missouri
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24. FUNERAL DIRECTOR Maupertuis Home	ADDRESS Fulton Mo	25. DATE RECD. BY LOCAL REG. May-17-1958	26. REGISTRAR'S SIGNATURE Maretta Lawrence
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* USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 *Henry A. Stewart*
Licensed Embalmer No. *3722*
P. O. Address *Fuller St*

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.