

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018827
STATE FILE NUMBER

FILED MAY 21 1958 Registration District No. 160 Primary Registration District No. 5592 Registrar's No. 71

300
-57
500

1. PLACE OF DEATH a. COUNTY <i>Jefferson</i>		2. USUAL RESIDENCE (Where deceased lived) If institution: Residence before admission a. STATE <i>Missouri</i> b. COUNTY <i>Jefferson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Rural - Joachim</i>		c. CITY OR TOWN <i>Rural - Joachim</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>3 mi N. of Festus</i>		d. STREET ADDRESS (If outside, give location) <i>3 mi N. of Festus</i>	
Length of stay in lb <i>12 yrs</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <i>Kitty Warden</i>			4. DATE OF DEATH Month Day Year <i>May 9 1958</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Jan. 15 - 1887</i>	9. AGE (In years last birthday) <i>71</i>	IF UNDER 1 YEAR Months <i>3</i> Days <i>24</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Washington Co. Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>

13a. FATHER'S NAME <i>William Smithers</i>	13b. MOTHER'S MAIDEN NAME <i>Emily Pruitt</i>	14. NAME OF HUSBAND OR WIFE <i>Deceased</i>
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 Address <i>Elsbeth Cain Pacific Mo.</i>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Malignancy, Gastroint. tract</i>		INTERVAL BETWEEN ONSET AND DEATH <i>159X</i>
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 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 COUNTY STATE <i>Festus Mo.</i>
21. I attended the deceased from <i>Feb. 10, 1958</i> to <i>May 9, 58</i> and last saw her alive on <i>May 9, 58</i> Death occurred at <i>7:30 P.m.</i> on the <i>10th</i> stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <i>D. B. [Signature]</i> (Degree or title)	22b. ADDRESS <i>Festus, Mo.</i>	22c. DATE SIGNED <i>5/10/58</i> (State)

23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>5-12-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Petersi Masonic Cem.</i>	23d. LOCATION (City, town, or county) (State) <i>Petersi Mo.</i>
24. FUNERAL DIRECTOR <i>Mrs. Luther Sparker</i>	ADDRESS <i>Petersi Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>5-14-58</i>	26. REGISTRAR'S SIGNATURE <i>James G. [Signature]</i>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

1952

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 *Murphy L. Sparks*

Licensed Embalmer No. *4236*

P. O. Address *H. Pat Riven*

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.