

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024581

STATE FILE NUMBER

FILED JUL 21 1958 Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 306

5. 300
1-57

1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Boone				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Columbia			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Boone Co. Hosp.			Length of stay in lb 3 Days	d. STREET ADDRESS (If outside, give location) 235 S. Greenwood			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Agnes Thompson Smith				4. DATE OF DEATH Month July Day 12 Year 1958				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH June 4, 1896		9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Schakelford, Mo.		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Charles J. Thompson			13b. MOTHER'S MAIDEN NAME Annie Penney		14. NAME OF HUSBAND OR ## R.C. Smith			
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. - - - - -	17. INFORMANT Robert C. Smith			Address Columbia, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Ischemism						INTERVAL BETWEEN ONSET AND DEATH Relax		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Mitral Stenosis & Aneurysm						Unsure		
DUE TO (c) Rheumatic Heart Disease						Unsure		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 410X						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT SUICIDE · HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <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	
21. I attended the deceased from 1956 to 12 July 58 and last saw her 10 July 58 Death occurred at 40 Ave on the date stated above; and to the best of my knowledge, from the cause stated.								
22a. SIGNATURE R.P. Adewun MD (Degree or title)				22b. ADDRESS Columbia Mo		22c. DATE SIGNED 11 Jul 58 (State)		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county)			
Burial		7/13/1958	Memorial Park		Columbia, Mo.			
24. FUNERAL DIRECTOR Lyman Sprinkle, Columbia, Mo.				25. DATE RECD. BY LOCAL REG. July 12 1958	26. REGISTRAR'S SIGNATURE Mrs R.E. Palmer			

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
MEDICAL CERTIFICATION

AUG 12 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 *George D. Vammell*

Licensed Embalmer No. *4425*

P. O. Address *Columbia,*

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.