

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024674
STATE FILE NUMBER

FILED JUL 21 1958 Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 741

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph 1170	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 628 S. 22nd St.		d. STREET ADDRESS (If outside, give location) 628 S. 22nd St.	
Length of stay in lb 4yrs.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Willa Mae Smith			4. DATE OF DEATH Month Day Year July 12 1958		
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5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 10, 1887	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months Days Hours Min.	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) Housewife	10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and state or country) Plattsburg, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S. A.
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13a. FATHER'S NAME Charles Scott	13b. MOTHER'S MAIDEN NAME Winnie Basset	14. NAME OF HUSBAND OR WIFE
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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. 494-32-7429	17. INFORMANT Lucille Scott	Address 628 S. 22nd St.
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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) Carcinomatous Generalized		INTERVAL BETWEEN ONSET AND DEATH 6 mo	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Carcinoma Breast		18 mo
	DUE TO (c) 170X		
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.)
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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 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
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21. I attended the deceased from 30 Dec 1954 to 12 July 58 and last saw her alive on 10 July 1958 Death occurred at 12 July 58 8:30 am on the date stated above; and to the best of my knowledge, (from the causes stated).
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22a. SIGNATURE <i>J. M. ...</i>	22b. ADDRESS 2603 Frederick	22c. DATE SIGNED 7-14-58
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23a. BURIAL, CREMATION, REMOVAL, (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
Burial	7-16-58	West Lawn Cemetery	Plattsburg Missouri

24. FUNERAL DIRECTOR Beatrice Gray	ADDRESS 812 Pacific AT	25. DATE RECD. BY LOCAL REG. July 14 1958	26. REGISTRAR'S SIGNATURE Wm. Clark Goodall
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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

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

John T. Miles
Licensed Embalmer No. 3446
P. O. Address Chickson, Ia

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.