

FILED JUL 30 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-026127

STATE FILE NUMBER

Registration District No. 170 Primary Registration District No. 5630 Registrar's No. 122

5. 300  
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>Laclede</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE <b>N. Carolina</b> b. COUNTY <b>Henderson</b> )	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Lebanon Rural Route</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Hendersonville</b> <u>8320</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>East Hwy. 66</b>		Length of stay in 1b <b>1 day</b>	d. STREET ADDRESS (If outside, give location) <b>842 Willow Road</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Florence Mae Smith</b>			4. DATE OF DEATH Month Day Year <b>July 9, 1958</b>
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>May 12, 1911</b> <b>Down</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>	11. BIRTHPLACE (City and state or country) <b>Downingtown, Pa.</b>
13a. FATHER'S NAME <b>Chester McConhehy</b>		13b. MOTHER'S MAIDEN NAME <b>Rose Snyder</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no none</b>		16. SOCIAL SECURITY NO. <b>194-20-9853</b>	17. INFORMANT Address <b>Alger W. Smith, Jr., Rt. 2, Edgerton, Wis.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>fractured skull</b>			INTERVAL BETWEEN ONSET AND DEATH <b>none</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. 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 SUICIDE HOMICIDE <input checked="" 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.) <b>Automobile Accident</b>	
20c. TIME OF INJURY <b>11 a.m.</b> <u>7-9-58</u> p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Hwy. 66</b>	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>9 mi. East, Lebanon, Laclede, Missouri</b>	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <u>11:00</u> <u>A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>A. B. Pechner, Coroner</b>		22b. ADDRESS <b>Lebanon, Mo.</b>	22c. DATE SIGNED <b>7-10-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	23b. DATE <b>7/12/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>unknown</b>	23d. LOCATION (City, town, or county) (State) <b>Janeville, Wisconsin</b>
24. FUNERAL DIRECTOR <b>J. F. Shadel</b>		ADDRESS <b>Lebanon, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>7-25-1958</b>
		26. REGISTRAR'S SIGNATURE <b>Hella L. Gray</b>	

Received JUL 28 1958

Laclede County Health Unit

File No. 122

Date Filed JUL 28 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 [Signature] .....

Licensed Embalmer No. 3848

P. O. Address [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.