

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

58-035637

STATE FILE NUMBER

630

Health
& Welfare
Public
Service

Registration District No. **43** Primary Registration District No. **3007** Registrar's No. **630**

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Butler	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Poplar Bluff Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Poplar Bluff Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 718 Lexington St. Length of stay in 1b 58 yrs		d. STREET ADDRESS 718 Lexington St. (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Maggie Eliza Smith First Middle Last			4. DATE OF DEATH October 9, 1958 Month Day Year		
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 8, 1878	9. AGE (In years last birthday) 78 IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Helena, Arkansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME George Cooley			14. MOTHER'S MAIDEN NAME Laura Francis Anderson		
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 Vettie Glenn Davis, Poplar Bluff, Mo Address 718 Lexington.		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Metastases Carcinoma		INTERVAL BETWEEN ONSET AND DEATH 4 PM
DUE TO (b) Urinary Bladder		
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		

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.) 1810	19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20c. TIME OF INJURY Hour 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 Poplar Bluff	COUNTY Butler	STATE Missouri
21. I attended the deceased from Sept 57 to 9 Oct 58 and last saw her ^{alive} on 8 Oct 58 Death occurred at 8:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE W. Brooperson MD (Degree or title)		22b. ADDRESS 321 Oak, Poplar Bluff, Mo	22c. DATE SIGNED 22 Oct 58	

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE October 14-58	23c. NAME OF CEMETERY OR CREMATORY City Cemetery	23d. LOCATION (City, town, or county) (State) Poplar Bluff, Missouri
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24. FUNERAL DIRECTOR Poplar - 1200 Alice Poplar Bluff	ADDRESS	25. DATE RECD. BY LOCAL REG. 11/8/58	26. REGISTRAR'S SIGNATURE W. M. Muehler
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(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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1-56

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NOV 22 1956

BUTLER CO. HEALTH CENTER

FILE No. _____

BUTLER CO. HEALTH CENTER
FILE No. _____

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 C. B. Donaldson 493

Licensed Embalmer No. 493

P. O. Address Chillicothe

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.