

THE DIVISION OF HEALTH OF MASSACHUSETTS
STANDARD CERTIFICATE OF DEATH

58-039417

STATE FILE NUMBER

81244-58
FILED DEC 1 1958

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 183

1. PLACE OF DEATH a. COUNTY DUNKLIN			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY DUNKLIN		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KENNETT		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN MALDEN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DUNKLIN Co. MEMO. HOSP. 1 No.		Length of stay in 1b	d. STREET ADDRESS 208 S. DOUGLAS		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First DIANE Middle KAYE Last SMITH			4. DATE OF DEATH Month 11 Day 12 Year 1958		
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11-12-58	9. AGE (In years last birthday) 0 0 0 5	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT		10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (City and state or country) KENNETT, MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME LEO W. SMITH		13b. MOTHER'S MAIDEN NAME MARY JO ROMANO		14. NAME OF HUSBAND OR WIFE NONE	
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. NONE		17. INFORMANT Leo W. Smith Malden Mo. Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) from obesity					INTERVAL BETWEEN ONSET AND DEATH 30 MIN.
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) 776 X					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 _____ a.m. _____ p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			
20e. CITY, TOWN, OR LOCATION MALDEN		20f. COUNTY MO.		20g. STATE MO.	
21. I attended the deceased from 11-12-58 7:20 A.M. and last saw her alive on 11-12-58 Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Diagne Cronin (Degree or title) Mo			22b. ADDRESS Malden Mo		22c. DATE SIGNED 11-18-58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 11-15-58	23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK		23d. LOCATION (City, town, or county) (State) MALDEN MO.
24. FUNERAL DIRECTOR DAY & KNIGHT F.H. MALDEN, MO.			ADDRESS 11-20-1958		DATE RECD. BY LOCAL REG. Carl Husband

(Licensed Embalmer's Statement on Reverse Side)

Color, contour, 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

COUNTY FILE NUMBER 1138-275

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 *J. J. Johnson*

Licensed Embalmer No. *4086*

P. O. Address *Malden*

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.