

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040465

STATE FILE NUMBER

FILED NOV 18 1958 Registration District No. 155 Primary Registration District No. 5578 Registrar's No. 211

5. 300
1-57

1. PLACE OF DEATH a. COUNTY JASPER			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY CALLAWAY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN TWSP.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN FULTON		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1402 REX		Length of stay in lb 14 mos.	d. STREET ADDRESS (If outside, give location) 810 CENTER ST.		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last ANNA BELLE SMITH			4. DATE OF DEATH Month Day Year NOV 11 1958		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH FEB 2, 1869	9. AGE (In years last birthday) 89	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 DOMESTIC CALLAWAY CO. MO.	11. BIRTHPLACE (City and state or country) U. S. A.	12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME EDWARD HOUCHINS		13b. MOTHER'S MAIDEN NAME MARY		14. NAME OF HUSBAND OR WIFE CRAIG SMITH (DECD)	
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 Address S. C. SMITH JOPLIN, 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) Arteriosclerosis & Hypertensive Heart Disease					INTERVAL BETWEEN ONSET AND DEATH 10 yrs
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) Fractured Rt Hip - 1957					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.) 443X		
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	
21. I attended the deceased from November 1957 , to 11/11/58 and last saw her/him alive on 10/30/58 Death occurred at 52 A. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) H. Schubert, M.D.			22b. ADDRESS 2125 Jackson, Joplin, Mo.		22c. DATE SIGNED 11/11/58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE NOV 13, 1958	23c. NAME OF CEMETERY OR CREMATORY EBENEZER CEM. CALLAWAY CO. MO.		23d. LOCATION (City, town, or county) (State) CALLAWAY CO. MO.
24. FUNERAL DIRECTOR Hurlbat Glover, Joplin		ADDRESS	25. DATE RECD. BY LOCAL REG. 11-12-58	26. REGISTRAR'S SIGNATURE Mrs. Madeline Switzer	

All diseases in Part I must be listed. No symptoms will be listed. Society, container, etc. must use only standard nomenclature in item 18. No symptoms will be listed. Cause of death must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

G.A. Schulte - M.D.

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 *Dale Glenn*

Licensed Embalmer No. *459*

P. O. Address *Joplin*

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.