Health, Welfare Public Service

300 2
1-57

FILED NOV 25 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-043079
STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 164

1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Nevada — Inside Limits: Yes ☐ No ☑
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): State Hospital #3 — Length of stay in 1b: 4 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Vernon
c. CITY OR TOWN: Montevallo — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): unknown — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Amanda — Middle: Ellen H. — Last: Smith

4. DATE OF DEATH: Month: October — Day: 19 — Year: 1958

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: May 27, 1886
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months: 4 Days: 22 — IF UNDER 24 HRS.: 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:
11. BIRTHPLACE (City and state or country): Allen County, Kentucky
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: William H. Hamm
13b. MOTHER'S MAIDEN NAME: Elizabeth Ann Buchanan
14. NAME OF HUSBAND OR WIFE: J. O. Smith

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.: 905-14-0874B
17. INFORMANT: Hospital Records — Address: Nevada Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardiac Dilatation, Acute
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Interstitual Pneumonia
DUE TO (c) Cardio-renal Disease
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 442X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Oct 15, 1958 to Oct 19, 1958 and last saw her/him alive on Oct 19, 1958
Death occurred at 9:40 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: W. C. Bradley (Degree or title) M.D.
22b. ADDRESS: State Hospital #3 Nevada Mo.
22c. DATE SIGNED: 10-19-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Oct. 21-58
23c. NAME OF CEMETERY OR CREMATORY: Virgil City Cemetery
23d. LOCATION (City, town, or county) (State): Vernon Co. Mo.

24. FUNERAL DIRECTOR: Beeny Funeral Home — ADDRESS: Sheldon Mo.
25. DATE RECD. BY LOCAL REG.: 11-17-1958
26. REGISTRAR'S SIGNATURE: Emma E. Jerry

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be fixed. All diseases in Part I must be causally related.

NOV 25 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 S. Bernard Berry

Licensed Embalmer No. 4161

P. O. Address Sheldon, 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.