Health, Welfare Public Service

300 0 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-002313

STATE FILE NUMBER

JAN 12 1959 Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 4

1. PLACE OF DEATH
a. COUNTY: Pemiscot
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Hayti — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Pemiscot County Memorial — Length of stay in 1b:

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Pemiscot
c. CITY OR TOWN: Portageville — Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location): Route #2 — Reside on Farm: Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First: Mary Middle: Alice Last: Smith

4. DATE OF DEATH: Month: Jan Day: 1 Year: 1959

5. SEX: Female **6. COLOR OR RACE**: White **7. MARRIED** [ ] **NEVER MARRIED** [ ] **WIDOWED** [X] **DIVORCED** [ ]

8. DATE OF BIRTH: April 6, 1884 **9. AGE** (In years last birthday): 74 **IF UNDER 1 YEAR** Months: 8 Days: 25 **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**: Home **11. BIRTHPLACE** (City and state or country): Pemiscot County, Mo **12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

13a. FATHER'S NAME: Andy Lafferty **13b. MOTHER'S MAIDEN NAME**: Tilda Davison **14. NAME OF HUSBAND OR WIFE**:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): **16. SOCIAL SECURITY NO.**: **17. INFORMANT**: Otis Lafferty Address: Rt 2 Portageville, 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): myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 5 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): coronary thrombosis — 5 minutes
DUE TO (c): gen. arteriosclerosis — 10 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4201
19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

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 November, 1958 to 1958 and last saw her alive on 31 Dec. 58
Death occurred at 3:00 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: G. Smith M.D. (Degree or title) **22b. ADDRESS**: Portageville, Mo. **22c. DATE SIGNED**: 2 Jan 59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial **23b. DATE**: 1-3-59 **23c. NAME OF CEMETERY OR CREMATORY**: Portageville Cemetery **23d. LOCATION** (City, town, or county) (State): Portageville Mo

24. FUNERAL DIRECTOR: John W. German **ADDRESS**: Hayti, Mo. **25. DATE RECD. BY LOCAL REG.**: 1-2-59 **26. REGISTRAR'S SIGNATURE**: John W German

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 John H. German

Licensed Embalmer No. 4355

P. O. Address Hayti, Mo.

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.