

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-002334  
STATE FILE NUMBER

Health, Welfare and Public Service

300  
-57

FILED JAN 21 1959

Registration District No. 267

Primary Registration District No. 5904

Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <b>Polk</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Polk</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Little River</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Dragg City</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>R. R. 1</b>		Length of stay in lb <b>20 Yrs.</b>	d. STREET ADDRESS (If outside, give location) <b>R. R. 1</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Sallie</b> Middle <b>J.</b> Last <b>Smith</b>			4. DATE OF DEATH Month <b>Jan.</b> Day <b>6,</b> Year <b>1959</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>July 21, 1880</b>	9. AGE (In years last birthday) <b>78</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>8</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE-WIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>X</b>	11. BIRTHPLACE (City and state or country) <b>Leak, Co., Miss.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Alfred Mycix</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Prince Smith</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>X</b>	17. INFORMANT <b>Prince Smith</b> Address <b>Box 103 Pascola, Mo.</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>cerebral apoplexy</b> DUE TO (b) <b>arteriosclerosis</b> DUE TO (c) <b>generalized</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH <b>2 hrs.</b>  <b>4 yrs.</b>
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 <b>6 a.m.</b> Month <b>Jan.</b> Day <b>6</b> Year <b>1959</b>					
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.) <b>6 am</b>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>Polk Mo. 6 am</b>	
21. I attended the deceased from Death occurred at <b>2 P.M.</b> on <b>1-6-59</b> to <b>1-6-59</b> and last saw her/him alive on <b>1-9-59</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>W. D. C.</b>			22b. ADDRESS <b>Hayti Mo.</b>		22c. DATE SIGNED <b>1-7-59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>1-11-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Forestown Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Wardell, Missouri</b>
24. FUNERAL DIRECTOR <b>Osburn Funeral Home, Hayti, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>1-7-59</b>		26. REGISTRAR'S SIGNATURE <b>John Herman</b>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc., must use only white ink or ribbon. All diseases in Part I must be causally related.

JAN 28 1959

JAN 19 1959

COURT HOUSE  
CARTHERSVILLE, MO.

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 *James G. Dabun* .....

Licensed Embalmer No. 4185  
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.