Health, Welfare Public Service

300
3-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-005888
STATE FILE NUMBER 671

FILED FEB 19 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) KANSAS CITY — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 3019 Agnes — Length of stay in Ib 1 month

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE OKLAHOMA b. COUNTY Sequoyah
c. CITY OR TOWN VIAN 83500 8 — Inside Limits Yes [ ] No [ ]
d. STREET ADDRESS (If outside, give location) Route 1 Box 90 — Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First ADER Middle HOLAN Last SMITH

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

5. SEX 3 Female
6. COLOR OR RACE N gro
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH December 16, 1891
9. AGE (In years last birthday) 67 yrs. — IF UNDER 1 YEAR: Months Days — 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) Parlarm, Arkansas
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Gilbert Frazier
13b. MOTHER'S MAIDEN NAME Mandia Funckley
14. NAME OF HUSBAND OR WIFE George W. Smith Sr.

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. None
17. INFORMANT George Smith Jr. Address 4243 Montgall Son

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) Carcinoma Cervix Uteri — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) c Pelvic Metastasis
DUE TO (c) 1715
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 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 7-10-57, to 2-1-59 and last saw her/him alive on 1-30-59
Death occurred at ~~3019 Agnes~~ 9:15 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Royal B. Fleming, MD (Degree or title)
22b. ADDRESS 1433 E-19th St
22c. DATE SIGNED 2-2-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 2-5-59
23c. NAME OF CEMETERY OR CREMATORY
23d. LOCATION (City, town, or county) (State) Sallisaw, Oklahoma

24. FUNERAL DIRECTOR Watkins Bros. Funeral Home 18th & Benton
ADDRESS
25. DATE RECD. BY LOCAL REG. 2-4-59
26. REGISTRAR'S SIGNATURE Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Royall B. Fleming

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 Bruce R. Watkins

Licensed Embalmer No. 4500

P. O. Address 18th & Benton

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.