

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018276
STATE FILE NUMBER

Filed JUN 8 1959 Registration District No. 169 Primary Registration District No. Registrar's No. 26

300
1-57

1. PLACE OF DEATH a. COUNTY KNOX		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY KNOX	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FABIOUS		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN 5 mi west 1 mi north
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb 50 gm	d. STREET ADDRESS (If outside, give location) 0520 of Newark Mo.
		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First JULIA Middle BELLE Last SMITHEY			4. DATE OF DEATH Month 5 Day 31 Year 59			
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 APR 11, 1913	9. AGE (In years last birthday) 46	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) KNOX County Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME Wm. Hudson		13b. MOTHER'S MAIDEN NAME LAURA SHOTTEN		14. NAME OF HUSBAND OR WIFE		

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. No	17. INFORMANT Mrs. Emma M. Smithey	Address Newark, Mo
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion of		INTERVAL BETWEEN ONSET AND DEATH May 31-59 7 1/2 May 31-59
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arteriosclerosis	
	DUE TO (c) Myocardial infarction	
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 <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.) 4210
20c. TIME OF INJURY Hour a.m. p.m.	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION 6-W-NEWARK Mo	COUNTY	STATE
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21. I attended the deceased from **May 31 1959** to **May 31-59** and last saw her alive on **May 16 1959**
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E. C. Holmes D.D.	(Degree or title) 2	22b. ADDRESS Newark Mo	22c. DATE SIGNED June 1-1959
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23a. BURIAL, CREMATION, REMOVAL (Specify) June 3-59	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY Mt. Salpin	23d. LOCATION (City, town, or county) 6-W-NEWARK Mo
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24. FUNERAL DIRECTOR Thomas Ball Cuning	ADDRESS Mo	25. DATE RECD. BY LOCAL REG. June 5-1959	26. REGISTRAR'S SIGNATURE Nellie S. Humatt
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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86
173

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 *L. M. Craig*

Licensed Embalmer No. *4905*
P. O. Address *Ewing*

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.