

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-018652

STATE FILE NUMBER

FILED MAY 25 1959

Registration District No.

274

Primary Registration District No.

3057

Registrar's No.

180

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>PETTIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>MORGAN</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>SEDALIA</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>STOVER</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>BOTHWELL Hosp</b>		Length of stay in 1b <b>9 DAYS</b>	d. STREET ADDRESS (If outside, give location) <b>4TH + OAK</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>ARVA WASHINGTON SMITH</b>			4. DATE OF DEATH Month Day Year <b>MAY 22 1959</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</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>OCT. 6 1891</b>
9. AGE (In years last birthday) <b>67</b>		IF UNDER 1 YEAR Months Days <b>7 16</b>	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARM</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARM</b>	11. BIRTHPLACE (City and state or country) <b>MORGAN COUNTY MO</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>JAKE SMITH.</b>	
13b. MOTHER'S MAIDEN NAME <b>MARY JANE BRADEN</b>		14. NAME OF HUSBAND OR WIFE <b>MAUDE 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. <input checked="" type="checkbox"/>	17. INFORMANT Address <b>MAUDE SMITH. STOVER 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>Hypostatic Pneumonia</b> DUE TO (b) <b>Cerebro-vascular-accident</b> DUE TO (c) <b>Cerebral arteriosclerosis</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Diabetes Mellitus</b>			INTERVAL BETWEEN ONSET AND DEATH <b>10 days</b> <b>9 weeks</b> <b>unknown</b>
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.)		20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	
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.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <b>5-13-59</b> to <b>5-22-59</b> and last saw him <b>live on 5-22-59</b> Death occurred at <b>8:25 P</b> m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <b>T. S. Hopkins, M.D.</b>	
22b. ADDRESS <b>1609 S. Permit Sedalia, MO.</b>		22c. DATE SIGNED <b>5-23-59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>MAY 25 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>STOVER CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>STOVER MO.</b>
24. FUNERAL DIRECTOR <b>J. H. Herman Stover Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>5/23/1959</b>	26. REGISTRAR'S SIGNATURE <b>Frances Shelby</b>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

0501

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 *J. L. Stevinson* ..... Licensed Embalmer No. *4073* ..... P. O. Address *Stover 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.