

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-018757  
STATE FILE NUMBER

FILED MAY 27 1959 Registration District No. 291 Primary Registration District No. Registrar's No. 32

300  
-57

1. PLACE OF DEATH a. COUNTY Putnam		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Putnam	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Wilson Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Unionville R. F. D.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Unionville R.F.D. Life time		Length of stay in 1b 08 1/2	STREET ADDRESS (If outside, give location) Wilson Township
3. NAME OF DECEASED (Type or print) First Middle Last Rosetta Smith		4. DATE OF DEATH Month Day Year May 20, 1959	
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 March 28, 1863
9. AGE (In years last birthday) 96		IF UNDER 1 YEAR Months Days Hours Min.	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 Own Home	11. BIRTHPLACE (City and state or country) Putnam County, Missouri U. S. A.
13a. FATHER'S NAME Runey Campbell		13b. MOTHER'S MAIDEN NAME America Vaughn	14. NAME OF HUSBAND OR WIFE Merdia Smith
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. None	17. INFORMANT Address Edgar Smith Unionville, Mo. R. F. D.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Myocarditis DUE TO (b) arteriosclerosis DUE TO (c) Sepsis CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Sepsis			INTERVAL BETWEEN ONSET AND DEATH years years
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <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 Death occurred at June 6 - 55 to May 20 - 59 and last saw her alive on May 20 - 59 12:55 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) [Signature]		22b. ADDRESS Unionville, Missouri	
22c. DATE SIGNED 5/21/59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5/22/59	
23c. NAME OF CEMETERY OR CREMATORY Lemons Cemetery		23d. LOCATION (City, town, or county) (State) Lemons, Missouri	
24. FUNERAL DIRECTOR Comstock Funeral Home By John N. Comstock		25. DATE RECD. BY LOCAL REG. 5-23-59	
26. REGISTRAR'S SIGNATURE [Signature]			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

U. C.

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 W. Comstock* .....

Licensed Embalmer No. *3891* .....

P. O. Address *Thermville, Me.* .....

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.