

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-032158

FILED VS. OCT 5 1959 141

Registration District No. _____ Primary Registration District No. 3025 Registrar's No. 134

STATE FILE NUMBER

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1. PLACE OF DEATH a. COUNTY Howell		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Howell	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WEST PLAINS		Length of stay in 1b 4 YEARS	c. CITY OR TOWN WEST PLAINS Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF DECEASED (If not in hospital, give location) 19 Jefferson		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS 719 JEFFERSON (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First MAIPIHA Middle Last SMITH			4. DATE OF DEATH Month 9 Day 26 Year 1959		
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5. SEX f	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-26-1884	9. AGE (last birthday) 75	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY XXX	11. BIRTHPLACE (City and state or country) KANSAS	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME HENRY SMALL	13b. MOTHER'S MAIDEN NAME MATILDA DAWSON	14. NAME OF HUSBAND OR WIFE XXXX
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) XX XX	16. SOCIAL SECURITY NO. XX	17. INFORMANT MARIAN SMITH: WEST PLAINS MO.	Address
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18. CAUSE OF DEATH (Enter only one cause for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Suffered stroke July 24-59 DUE TO (b) & Senility DUE TO (c) died without medical attention		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year	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
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at **10 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Beatrice Cook Registrar (Degree or title)	22b. ADDRESS West Plains Mo.	22c. DATE SIGNED
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23a. BURIAL, CREMATION, REMOVAL (Specify) B	23b. DATE 9-28-59	23c. NAME OF CEMETERY OR CREMATORY CLEAR SPRINGS	23d. LOCATION (City, town, or county) (State) PART MO
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24. FUNERAL DIRECTOR ROBERTSONS ADDRESS WEST PLAINS MO.	25. DATE RECD. BY LOCAL REG. 9-29-59	26. REGISTRAR'S SIGNATURE Beatrice Cook
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed A. S. Roberts

Licensed Embalmer No. 3434

P. O. Address Westfield

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.