DURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

59-035206

STATE FILE NUMBER

FILED VS OCT 26 1959

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 508

MENDED

1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Columbia — Length of stay in 1b: 78 Days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): ~~xxxxxx~~ Ellis Fischel State Cancer — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Pettis
c. CITY OR TOWN: Sedalia — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 305 East 2nd. St. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Amanda Middle: Mae Last: Smith

4. DATE OF DEATH: Month: October Day: 23 Year: 1959

5. SEX: F
6. COLOR OR RACE: W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Apr. 6,89
9. AGE (last birthday): 70 Years — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and state or country): New Hope, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Ezra Griffith
13b. MOTHER'S MAIDEN NAME: Amanda Dallas
14. NAME OF HUSBAND OR WIFE: Roe Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Unknown
16. SOCIAL SECURITY NO.: None
17. INFORMANT — Address: Hospital Records - Columbia, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute interstitial pneumonitis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Post-Operative Condition (Covering of radio-necrotic area)
DUE TO (c): Post X-ray + Post-surg. recurrent carcinoma of face
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. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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 8/7/59, to 10/23/59 and last saw her/him alive on 10/23/59
Death occurred at 5 40 p.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): John E. Oakley, M.D.
22b. ADDRESS: Ellis Fischel Cancer Hosp., Columbia, Mo.
22c. DATE SIGNED: 10/23/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 10-23-59
23c. NAME OF CEMETERY OR CREMATORY
23d. LOCATION (City, town, or county) (State): Sedalia Mo

24. FUNERAL DIRECTOR: [signature] ADDRESS: Sedalia, Mo.
25. DATE RECD. BY LOCAL REG.: Oct 23, 1959
26. REGISTRAR'S SIGNATURE: Mrs. R E Palmer

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

DOCUMENT

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 m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Duane Emry

Licensed Embalmer No. 3847

P. O. Address Sedalia, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.