URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-036715

STATE FILE NUMBER

FILED VS OCT 26 1959

AMENDED

Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 134

1. PLACE OF DEATH
a. COUNTY Johnson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warrensburg
Length of stay in 1b: 40 yrs
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Warrensburg Medical Center
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Johnson
c. CITY OR TOWN Warrensburg
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 318 Christopher
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: Lottie Middle: Last: Smarr
4. DATE OF DEATH Month: October Day: 17 Year: 1959
5. SEX: Female
6. COLOR OR RACE: White
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 1-4-1877
9. AGE (last birthday): 82
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (City and state or country): Lafayette County
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: William Moore
13b. MOTHER'S MAIDEN NAME: Lydia Ann Eatherton
14. NAME OF HUSBAND OR WIFE: George G. Smarr
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT: George Smarr Address: -Warrensburg, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Bronchiectasis — 20 yrs
DUE TO (c)
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 [X] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
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 1951, to 10-17-59 and last saw her alive on 10-17-59
Death occurred at 3:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Reed Mayson (Degree or title) MD.
22b. ADDRESS Warrensburg Mo
22c. DATE SIGNED 10/20/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10/19/1959
23c. NAME OF CEMETERY OR CREMATORY: Sunset Hill Cemetery
23d. LOCATION (City, town, or county) (State): Warrensburg, Missouri

24. FUNERAL DIRECTOR: Sweeney-Phillips ADDRESS: -Warrensburg, Mo.
25. DATE RECD. BY LOCAL REG.: Oct. 18, 1959
26. REGISTRAR'S SIGNATURE: Savannah Crutchfield

(Licensed Embalmer's Statement on Reverse Side)

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 me

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed J. Earl Priest

Licensed Embalmer No. 3878

P. O. Address Warrensburg, Mo

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