

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-007134

FILED VS. FEB 16 1960

STATE FILE NUMBER

Registration District No. 179 Primary Registration District No. 5667 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY Lincoln			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY StLouis.			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bedford Twp.		Length of stay in 1b 1 hr.	c. CITY OR TOWN University City, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lincoln Co. Memorial Hosp No <input checked="" type="checkbox"/>			Inside Limits	d. STREET ADDRESS (If outside, give location) 8220 Braddock St.		
3. NAME OF DECEASED (Type or print) First SUSAN Middle SCOTT Last SMITH			4. DATE OF DEATH Month Feb Day 6 Year 1960			
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 8-2-07	9. AGE (last birthday) 52	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretary.		10b. KIND OF BUSINESS OR INDUSTRY Office.	11. BIRTHPLACE (City and state or country) Perry, Missouri.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Edward Scott.		13b. MOTHER'S MAIDEN NAME Clara B. Evans.		14. NAME OF HUSBAND OR WIFE Roy C. 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. 490-07-4625	17. INFORMANT Address Mrs Ida Reynolds. Perry, 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) Fractured Skull, Shock.					INTERVAL BETWEEN ONSET AND DEATH ??	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Automobile Traumatism DUE TO (c) (Coroner's Jury Verdict)						
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 type="checkbox"/> N- <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Headon Collision of Two Cars			
20c. TIME OF INJURY Hour 4:30 PM Month, Day, Year 2/6/60			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hiway #61	
			20f. CITY, TOWN, OR LOCATION Clark Twp. Lincoln Co. Missouri.		COUNTY STATE	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____. * Death occurred at 6:20 PM _____ m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) Joseph J. Marsh Coroner			22b. ADDRESS Troy, Missouri		22c. DATE SIGNED 2/7/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-9-1960	23c. NAME OF CEMETERY OR CREMATORY Lickcreek Cemetery.		23d. LOCATION (City, town, or county) (State) Perry, Missouri.		
24. FUNERAL DIRECTOR Clyde Weisay		ADDRESS Perry, Mo.	25. DATE RECD. BY LOCAL REG. 2-12-1960	26. REGISTRAR'S SIGNATURE Charlotte Leek		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS FEB 18 1960

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 Joseph J. Marsh

Licensed Embalmer No. 3932

P. O. Address Troy, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes 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.