

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-012022

FILED VS APR 12 1960

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 149

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Pettis		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia		a. STATE Missouri b. COUNTY Pettis		c. CITY OR TOWN R.F.D. #1, Smithton	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bothwell Hospital		Length of stay in lb 3 days		d. STREET ADDRESS (If outside, give location) Bowling Green Township		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First KATE		Middle (NMI)		Last MAY		Month April Day 4, Year 1960	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Dec. 30, 1891	9. AGE (last birthday) 68	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) Homemaker		10b. KIND OF BUSINESS OR INDUSTRY Housekeeping		11. BIRTHPLACE (City and state or country) S.W. of Otterville, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Paul F. Smith		13b. MOTHER'S MAIDEN NAME Minnie Volkel		14. NAME OF HUSBAND OR WIFE Melvin May			
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 Mr. Melvin May, Rt. 1, Smithton, 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) <u>Coronary Occlusion & Myocardial Infarction</u>							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (b) <u>Arteriosclerosis C-V disease</u>							
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. <input type="checkbox"/> Yes <input 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.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.							
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	
21. I attended the deceased from <u>1 April 1960</u> to <u>4 April 1960</u> and last saw her alive on <u>4 April 1960</u> Death occurred at <u>7:30 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>R. Siegel MD</u> (Degree or title)				22b. ADDRESS <u>Smithton, Mo</u>		22c. DATE SIGNED <u>4/5/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE April 6, 1960	23c. NAME OF CEMETERY OR CREMATORY Smithton Cemetery		23d. LOCATION (City, town, or county) (State) Smithton, Mo.			
24. FUNERAL DIRECTOR D.W. Heckart - Sedalia, Mo.		25. DATE RECD. BY LOCAL REG. 4-7-1960		26. REGISTRAR'S SIGNATURE <u>Frances Sheehy</u>			

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

Richard D. Conn

Licensed Embalmer No. 4703

P. O. Address Sedalia, Mo

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.