

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS APR 18 1960

=60-015878
STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 188

INDEXED

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY McDonagh	
b. CITY (If outside corporate limits, give TOWNSHIP only) Joplin		Length of stay in lb 5 DA	c. CITY OR TOWN ANDERSON Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST JOHN'S Hosp		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) RT 3 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First MAUDE Middle SMITH Last SMITH			4. DATE OF DEATH Month 4 - Day 1 - Year 1960			
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5. SEX F	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-3-1893	9. AGE (last birthday) 67	IF UNDER 1 YEAR Months 0 Days 28	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 JAME	11. BIRTHPLACE (City and state or country) NEWTON Co. ARK	12. CITIZEN OF WHAT COUNTRY U. S
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13. FATHER'S NAME SHERMAN Campbell	13b. MOTHER'S MAIDEN NAME ANN DETON	14. NAME OF HUSBAND OR WIFE THOMAS SMITH
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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) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT GOLDIE SMITH ANDERSON, Mo Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Invasive squamous cell carcinoma of the cervix with lymphatic invasion.		Over 4 mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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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 Joplin, Missouri	COUNTY STATE
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21. I attended the deceased from 1-16-60 , to 4-1-60 and last saw her her alive on 4-1-60 Death occurred at 11:15 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE D. E. D. Star Jr. M.D. (Degree or title)	22b. ADDRESS DeTar Clinic, 410 Jackson Joplin, Missouri	22c. DATE SIGNED 4-12-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 4-4-1960	23c. NAME OF CEMETERY OR CREMATORY Maple Hill CEMETERY	23d. LOCATION (City, town, or county) (State) KANSAS CITY, KANS.
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24. FUNERAL DIRECTOR Humphreys & Son Address 7 Home	25. DATE RECD. BY LOCAL REG. 4-15-1960	26. REGISTRAR'S SIGNATURE Noel Merriam
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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 Maryann E. Humphreys

Licensed Embalmer No. 4262

P.O. Address Parisville

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.