

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-015965

FILED VS. MAY 4 1960

INDEXED

Registration District No. 170 Primary Registration District No. — Registrar's No. 22 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY LACLEDE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MORGAN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ELDRIDGE T.S.		Length of stay in 1b 3 MO.	c. CITY OR TOWN STOVER Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CEDAR GROVE REST HOME		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2 ND. OAK ST. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First ROSIE Middle JANE Last SMITH.			4. DATE OF DEATH Month APRIL Day 20 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 JULY 27 1888	9. AGE (last birthday) 86	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) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY FARM	11. BIRTHPLACE (City and state or country) BENTON CO. MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME LIGE WILLIAMS		13b. MOTHER'S MAIDEN NAME SARAH BRADEN		14. NAME OF HUSBAND OR WIFE JACOB 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. NONE		17. INFORMANT TOM SMITH STOVER MO Address		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cancer cervix and uterus		INTERVAL BETWEEN ONSET AND DEATH 2 yrs.
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 checked="" type="checkbox"/> (None)	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 <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 **1/20/60** to **4/20/60** and last saw her **4/15/60** alive on **11:15 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.
Death occurred at _____

22a. SIGNATURE George E. Disher M.D. (Degree or title)	22b. ADDRESS Jebanon, Mo	22c. DATE SIGNED 4/25/60
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23a. BURIAL, CREMATION, or other disposal BURIAL	23b. DATE APRIL 22 1960	23c. NAME OF CEMETERY OR CREMATORY MT. NEBO CEMETERY	23d. LOCATION (City, town, or county) (State) MORGAN COUNTY MO.
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24. FUNERAL DIRECTOR J. H. Robinson Stover Mo	ADDRESS	25. DATE RECD. BY LOCAL REG. 4-25-1960	26. REGISTRAR'S SIGNATURE Hella L. Gray
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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 _____, Student Embalmer No. _____, or by _____, Student Embalmer No. _____, working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

J. L. Stover

Licensed Embalmer No. 407

P. O. Address Stover

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