

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-018006

FILED VS MAY 10 1960 325

Registration District No. 325 Primary Registration District No. 4480 Registrar's No. 20

STATE FILE NUMBER

INDEXED

DOCUMENT

1. PLACE OF DEATH a. COUNTY Scuyler				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Scotland							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Green Top		Length of stay in 1b 2 months		c. CITY OR TOWN Memphis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Haven of Rest home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First LETTIE Middle SMOCK Last SMOCK				4. DATE OF DEATH Month April Day II Year 1960							
5. SEX female		6. COLOR OR RACE white		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH II-8-1881		9. AGE (last birthday) 78		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) home maker			10b. KIND OF BUSINESS OR INDUSTRY home maker			11. BIRTHPLACE (City and state or country) Scotland Co. Mo.			12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Samuel Smock				13b. MOTHER'S MAIDEN NAME Caroline Burrus				14. NAME OF HUSBAND OR WIFE			
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.		17. INFORMANT Edith Garrett Address Memphis, 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) Myocardial infarction due to Angina DUE TO (b) Cerebral Hemorrhage DUE TO (c) Leukemia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH	
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 checked="" 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 March 31, 1960 to April 11, 1960 and last saw her alive on April 8, 1960 . Death occurred at 11:15 AM on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE Frank Frost (Degree or title)						22b. ADDRESS Greentop Mo			22c. DATE SIGNED 4-15-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) burial			23b. DATE 4-13-1960			23c. NAME OF CEMETERY OR CREMATORY Memphis			23d. LOCATION (City, town, or county) (State) Memphis Mo.		
24. FUNERAL DIRECTOR W. H. ... ADDRESS Memphis, Mo.				25. DATE RECD. BY LOCAL REG. 4-30-60		26. REGISTRAR'S SIGNATURE Barbara P. J. Drake					

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 Neal Payne

Licensed Embalmer No. 2550

P. O. Address Memphis

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.