

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUN 13 1960 133
 -60-019145

Registration District No. 133 Primary Registration District No. 422 Registrar's No. 76

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Harrison				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Iowa b. COUNTY Creston			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cainsville		Length of stay in lb 3 weeks		c. CITY OR TOWN Creston		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location)			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Effie Catherine Smith				4. DATE OF DEATH Month Day Year June 8 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 2-21-1880	9. AGE (last birthday) 80	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (City and state or country) Union County, Iowa.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Amos C. Cooper			13b. MOTHER'S MAIDEN NAME Mary Catherine Clarke		14. NAME OF HUSBAND OR WIFE Lewis C. Smith. (Deceased)		
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 Clifford Smith		Address Cainsville, 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) <i>Metastatic Carcinomatosis</i> DUE TO (b) <i>Carcinoma of head & pancreas</i> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH <i>not known</i> <i>2 yrs, phy</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Was operated on by Dr. Schud at Greater Community Hospital, Cainsville, Mo.</i>					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		
19. WAS AN AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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) <i>Operated on Sept. 13, 1959, metastatic carcinoma</i>					
20c. TIME OF INJURY Hour Month, Day, Year <i>no injury</i>	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 <i>May 17, 1960</i> to <i>June 8, 1960</i> and last saw her alive on <i>June 5-60 at 9:30</i> Death occurred at <i>8:50 PM</i> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>William D. Lawrence M. D.</i>				22b. ADDRESS Cainsville, Missouri.		22c. DATE SIGNED 6-10-60	
23a. FUNERAL, CREMATION, OR REMOVAL DATE <i>6-11-60</i>		23b. NAME OF CEMETERY OR CREMATORY Hopeville Cemetery		23d. LOCATION (City, town, or county) (State) Hopeville, Iowa.			
24. FUNERAL DIRECTOR <i>Robert...</i>		ADDRESS Cainsville, Mo.	25. DATE RECD. BY LOCAL REG. 6-10-1960		26. REGISTRAR'S SIGNATURE <i>Gella Mayey</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

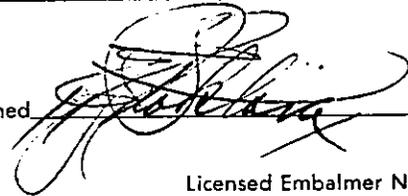
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

bf/bf/ Eddie J. Stoklasa Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed



Licensed Embalmer No. 3602

P. O. Address Cainsville, Mo

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