IRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JUL 26 1960

-60-025695
STATE FILE NUMBER

NDED

Registration District No. 4 Primary Registration District No. 4014 Registrar's No. 198

1. PLACE OF DEATH
a. COUNTY: Atchison
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Fairfax — Length of stay in 1b: 20 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Atchison
c. CITY OR TOWN: Fairfax — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: DOROTHY Middle: ***** Last: SMITH

4. DATE OF DEATH Month, Day, Year: July 20, 1960

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8/15/1917
9. AGE (last birthday): 42
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: In the home
11. BIRTHPLACE (City and state or country): Garland, Utah
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Gus Larson
13b. MOTHER'S MAIDEN NAME: Edna Peterson
14. NAME OF HUSBAND OR WIFE: Ray Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Ray Smith Address: Fairfax Missouri

MEDICAL CERTIFICATION

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)	Cardiac arrest	—
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Acute Bronchial Asthma	—
DUE TO (c)	Chronic Bronchial Asthma	15 years

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 1958 to July 20, 1960 and last saw her alive on July 19, 1960
Death occurred at 3:00 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Edward F. Bone (Degree or title) MD
22b. ADDRESS: Tarkio Mo
22c. DATE SIGNED: 7/22/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7/22/1960
23c. NAME OF CEMETERY OR CREMATORY: Pleasant Ridge
23d. LOCATION (City, town, or county) (State): Fairfax Missouri

24. FUNERAL DIRECTOR ADDRESS: Schooler Funeral Home Fairfax Mo.
25. DATE RECD. BY LOCAL REG.: July 22, 1960
26. REGISTRAR'S SIGNATURE: Therron N. Schooler

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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 n

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Marvin H. Schaeler

Signature of Student Embalmer

Licensed Embalmer No. 4162

P. O. Address Fairfax

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