URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-029994

FILED VS SEP 14 1960

Registration District No. 75 Primary Registration District No. 3015 Registrar's No. 98

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH
a. COUNTY: Clinton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Cameron — Length of stay in 1b: 19 mos.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Cameron Nursing Home — Inside Limits: Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print): First FLORENCE Middle BROWN Last SMITH

4. DATE OF DEATH: Month Sept. Day 3, Year 1960

5. SEX: F
6. COLOR OR RACE: Cauc.
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 2-3-1890
9. AGE (last birthday): 70 — 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: Home
11. BIRTHPLACE (City and state or country): DeKalb Co.Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: J.S.Smith
13b. MOTHER'S MAIDEN NAME: Emma Blackledge
14. NAME OF HUSBAND OR WIFE: 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.: no
17. INFORMANT Address: Mrs.Irvin Leutzinger,Osborn,Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: ½ hr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cardiovascular renal hypertensive heart disease — 10 yrs.
DUE TO (c): Advanced age

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 Aug. 1950, to Sept 3 1960 and last saw her alive on 9-2-60
Death occurred at 1:05 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] D.O.
22b. ADDRESS: Cameron,Mo.
22c. DATE SIGNED: 9-3-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9-5-1960
23c. NAME OF CEMETERY OR CREMATORY: Packard
23d. LOCATION (City, town, or county) (State): Cameron,Mo.

24. FUNERAL DIRECTOR — ADDRESS: Poland Funeral Home,Cameron,Mo.
25. DATE RECD. BY LOCAL REG.: Sept 5 1960
26. REGISTRAR'S SIGNATURE: Francis D Crawford

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

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 Robert F Poland

Licensed Embalmer No. 4777

P. O. Address 222 [illegible]

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.