URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-031060
STATE FILE NUMBER

FILED VS AUG 16 1960

ENDED

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 131

| | |
|---|---|
| 1. PLACE OF DEATH a. COUNTY: Jasper | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Mo. b. COUNTY: Jasper |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Webb City — Length of stay in 1b: | c. CITY OR TOWN: Webb City, — Inside Limits: Yes ☒ No ☐ |
| c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 606 N. Penn. — Inside Limits: Yes ☒ No ☐ | d. STREET ADDRESS (If outside, give location): 606 N. Penn. — Reside on Farm: Yes ☐ No ☒ |

| 3. NAME OF DECEASED (Type or print) First | Middle | Last | 4. DATE OF DEATH Month | Day | Year |
|---|---|---|---|---|---|
| Elma | Mae | Smith | August | 8, | 1960 |

| 5. SEX | 6. COLOR OR RACE | 7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐ | 8. DATE OF BIRTH | 9. AGE (last birthday) | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HR Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Female | White | | 9/22/1908 | 52 | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) | 12. CITIZEN OF WHAT COUNTRY |
|---|---|---|---|
| Sales Clerk | Montogomery Wards | Racine, Mo. | U.S.A. |

| 13a. FATHER'S NAME | 13b. MOTHER'S MAIDEN NAME | 14. NAME OF HUSBAND OR WIFE |
|---|---|---|
| John Gilstrap | Nora Hunt | James A. Smith |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address |
|---|---|---|
| NO | 491-01-6533 | James A. Smith, Webb City, Mo. |

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) | Myocardial Infarction | 2 weeks. |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) | Atherosclerosis | 1959 |
| DUE TO (c) | | |

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Zylonephritis

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 April 19, 1959, to August 8 1960 and last saw her alive on August 8, 1960. Death occurred at 11:15 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

| 22a. SIGNATURE (Degree or title) | 22b. ADDRESS | 22c. DATE SIGNED |
|---|---|---|
| Sidney Lawson DD | Joplin Mo | 8-9-60 |

| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE | 23c. NAME OF CEMETERY OR CREMATORY | 23d. LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 8/10/1960 | Webb City Cemetery | Webb City, Missouri |

| 24. FUNERAL DIRECTOR ADDRESS | 25. DATE RECD. BY LOCAL REG. | 26. REGISTRAR'S SIGNATURE |
|---|---|---|
| Hedge-Lewis Funeral Home, Webb City, Mo. | 8-10-60 | L J Lewis Jr (Dep Reg) |

(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 r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Richard Troy Lev

Signature of Student Embalmer

Licensed Embalmer No. 4405

P. O. Address Webb Cit

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.