

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-033609

FILED VS AUG 3 0 1960

Registration District No. 359 Primary Registration District No. 4527 Registrar's No. 16

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Vernon				2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE Missouri b. COUNTY Vernon			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bronaugh		Length of stay in 1b 60 years		c. CITY OR TOWN Bronaugh		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At home				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 LULA Middle GERTRUDE Last SMITH			4. DATE OF DEATH Month August Day 12 Year 1960				
5. SEX Fm	6. COLOR OR RACE Wh	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 4-20-1871	9. AGE (last birthday) 89	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days 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 Own home		11. BIRTHPLACE (City and state or country) Jamestown, Missouri		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Lewis Martin English			13b. MOTHER'S MAIDEN NAME Frances Elizabeth Smith			14. NAME OF HUSBAND OR WIFE Charles Henry Lee Smith Deceased 1902	
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. None		17. INFORMANT Address Dora Weber Bronaugh, Missouri		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchial pneumonia							INTERVAL BETWEEN ONSET AND DEATH 24 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Convalescing from fractured hip						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 _____ a.m. _____ p.m. Month, Day, Year _____		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 August 12 to _____ and last saw ^{her} him alive on August 12, 1960 Death occurred at _____ p. _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>L.P. McCann</i> (Degree or title)				22b. ADDRESS L.P. McCann, M.D. Moore Bldg., Nevada, Mo.			22c. DATE SIGNED 8/18/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1960 August 15	23c. NAME OF CEMETERY OR CREMATORY Worsley Cemetery		23d. LOCATION (City, town, or county) (State) Bronaugh Missouri		
24. FUNERAL DIRECTOR ADDRESS Ferry Funeral Home Nevada, Missouri			25. DATE RECD. BY LOCAL REG. 8-24-1960		26. REGISTRAR'S SIGNATURE <i>Mrs. Ruth Faith</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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James Douglas Preswald

Licensed Embalmer No. 5099

P. O. Address Nevada, N.

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.