

Securing the medical certification in the specific manner required by 193.140 MoRS, 1949.
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
 All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION

FILED VS NOV 1 1960

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

-60-039057
STATE FILE NUMBER

Registration District No. 218 Primary Registration District No. 4330 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY Mississippi			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Mississippi		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN East Prairie, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN East Prairie, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION East Prairie, Mo.		Length of stay in lb X 5 Years	d. STREET ADDRESS East Prairie, Mo.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Verna Connie Smith			4. DATE OF DEATH 10-16-1960		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 9-1893		9. AGE (In years at birthday) 67
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (City and state or country) Crittenden Co. Ky.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Gus Brentley		13b. MOTHER'S MAIDEN NAME Healen Krawl		14. NAME OF HUSBAND OR WIFE Williams L. 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 William L. Smith East Prairie, 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) ARTERIO. SCLEROTIC HEART DIS.					INTERVAL BETWEEN ONSET AND DEATH 7 YR.
Conditions, if any, which gave rise to above cause (a), stating the under- lying cause last. DUE TO (b) GENERAL ART. SCLEROSIS					
DUE TO (c) 4200					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> 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 Nov. 1959 to 10.16.60. and last saw her alive on 9.30.60. Death occurred at 10.16.60 5:45 A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Carl G. JOAN M.D.			22b. ADDRESS SI. KESTON, Mo		22c. DATE SIGNED 10.21.60
23a. BURIAL, CREMATION, EMMA (Specify)		23b. DATE 10-18-1960	23c. NAME OF CEMETERY OR CREMATORY W.O.W.		23d. LOCATION (City, town, or country) (State) East Prairie, Mo.
24. FUNERAL DIRECTOR Shelby Funeral Home East Prairie, Mo.			25. DATE RECD. BY LOCAL REG. 10-28-60	26. REGISTRAR'S SIGNATURE Gertrude G. Harper	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 4940

P. O. Address East Prairie, Mo

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