

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-042611

FILED VS NOV 29 1960

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 170

STATE FILE NUMBER

DED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <i>Laclede</i>		b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Lebanon</i>		c. CITY OR TOWN <i>Lebanon</i>		d. STREET ADDRESS (If outside, give location) <i>756 N. Adams</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Lebanon</i>		Length of stay in lb <i>25 yrs.</i>		e. STATE <i>Missouri</i>		b. COUNTY <i>Laclede</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Wallace Hospital.</i>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <i>Alice</i> Middle <i>-</i> Last <i>Smith</i>				4. DATE OF DEATH Month <i>Nov.</i> Day <i>17.</i> Year <i>1960</i>			
5. SEX <i>Female</i>		6. COLOR OR RACE <i>white</i>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>7/25/1892</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (last birthday) <i>68</i>		11. BIRTHPLACE (City and state or country) <i>Camden Co. Mo. U. S. A.</i>	
13a. FATHER'S NAME <i>J. L. Jackson</i>				13b. MOTHER'S MAIDEN NAME <i>Marie Detine</i>		14. NAME OF HUSBAND OR WIFE <i>Clarence V. Smith</i>	
5. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <i>no</i>				16. SOCIAL SECURITY NO. <i>-</i>		17. INFORMANT <i>Clarence V. Smith</i> Address <i>Lebanon, Mo.</i>	
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) <i>Carcinoma, metastatic</i>						<i>7 yrs.</i>	
DUE TO (b) <i>Ca of ovary; primary</i>						<i>?</i>	
DUE TO (c)							
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. <input type="checkbox"/> Yes <input checked="" 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 <i>-</i> a.m. <i>-</i> p.m. <i>-</i>		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 <i>9-16-1960</i> to <i>11-17-1960</i> and last saw her ^{her} _{him} alive on <i>11-17-1960</i>				Death occurred at <i>5:45 P.</i> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Ink or title) <i>W. Carrington M.D.</i>				22b. ADDRESS <i>Lebanon, Mo.</i>		22c. DATE SIGNED <i>11-19-60</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>11/20/1960</i>		23c. NAME OF CEMETERY OR CREMATORY <i>City Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Lebanon, Mo.</i>	
24. FUNERAL DIRECTOR <i>Dorsey M. Howe</i> ADDRESS <i>Lebanon, Mo.</i>				25. DATE RECD. LOCAL REG. <i>11-20-1960</i>		26. REGISTRAR'S SIGNATURE <i>Albella L. Day</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 Dorsey M. Howe

Licensed Embalmer No. 422

P. O. Address Lebanon

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