URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

283 60-046949

STATE FILE NUMBER

ILED VS JAN 3 1961

NDED

Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 279

1. PLACE OF DEATH
a. COUNTY Nodaway
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Maryville
Length of stay in 1b 30 yrs.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 710 East Third
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Nodaway
c. CITY OR TOWN Maryville
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 710 East Third
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First ELIZABETH Middle LOUISE Last SMITH
4. DATE OF DEATH Month 12 Day 26 Year 60
5. SEX Female
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 8/30/08
9. AGE (last birthday) 52
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 Own home
11. BIRTHPLACE (City and state or country) Loveland, Colo.
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Ralph C. Dodds
13b. MOTHER'S MAIDEN NAME Margaret M. Murphy
14. NAME OF HUSBAND OR WIFE Charles Lavelle Smith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Address Charles Lavelle Smith, Maryville, 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) Cachexia –
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Chemodectoma of left side of face c̄ almost complete obstruction of throat.
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH gradual (3 years) past several years.

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 May, 1957, to 12/26/60 and last saw her alive on 12-26-60

Death occurred at 1:10 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. R. Parkin (Degree or title) M. D.
22b. ADDRESS Maryville, Missouri
22c. DATE SIGNED 12-28-60

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE 12/28/60
23c. NAME OF CEMETERY OR CREMATORY Bolckow
23d. LOCATION (City, town, or county) (State) Bolckow, Missouri

24. FUNERAL DIRECTOR ADDRESS Price Funeral Home, Maryville, Mo.
25. DATE RECD. BY LOCAL REG. 12-28-60
26. REGISTRAR'S SIGNATURE Beno Boll

(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

or by Patrick S. Price, Student Embalmer No. 62

working under my personal supervision.

Student Patrick S. Price
Signature of Student Embalmer

Signed John W. Price

Licensed Embalmer No. 4281

P. O. Address Maryville

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