MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JAN 31 1961

-61-000751
STATE FILE NUMBER

Registration District No. 93 Primary Registration District No. _____ Registrar's No. 61-5

WRITE STUB | AMENDED

1. PLACE OF DEATH
a. COUNTY Dade
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Everton | Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 6 miles N. W. | Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Dade
c. CITY OR TOWN Everton | Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 6 miles N. W. | Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Emma Middle Clara Last Smith
4. DATE OF DEATH Month Jan Day 22 Year 1961
5. SEX Female
6. COLOR OR RACE white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH Dec 8-1877
9. AGE (last birthday) 83 | 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
11. BIRTHPLACE (City and state or country) unknown
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Charles Henry Miller
13b. MOTHER'S MAIDEN NAME Johanna Charlotte (unknown)
14. NAME OF HUSBAND OR WIFE William Lawrence 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 Elith Peltz - Ash Grove - Mo. Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Septic toxemia — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Ischemic necrosis both lower limbs — 4 months
DUE TO (c) Advanced atherosclerosis
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 11-22-60, to 1-22-61 and last saw her alive on 1-9-61
Death occurred at 8:45 p.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Homer F. Matz, D.O.
22b. ADDRESS Ash Grove, Missouri
22c. DATE SIGNED 1-23-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 1-24-61
23c. NAME OF CEMETERY OR CREMATORY Kelley Cemetery
23d. LOCATION (City, town, or county) (State) Ash Grove Mo

24. FUNERAL DIRECTOR Doyle L. Daniel - ADDRESS Ash Grove - Mo.
25. DATE RECD. BY LOCAL REG. 1-24-1961
26. REGISTRAR'S SIGNATURE J. C. Canada

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF DOCUMENT

TYPEWRITER RIBBON
Homer F. Matz, D.O.

FEB 2 1961

JAN 25 1962

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 Ray S. Inclan

Licensed Embalmer No. 5052

P. O. Address Walnut Grove, 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.