

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-51-007378  
STATE FILE NUMBER

AMENDED

FILED VS FEB 21 1961

Primary Registration District No. 3076 Registrar's No. 28

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>			
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Nevada</u>			Length of stay in 1b- <u>18 months</u>		c. CITY OR TOWN <u>Montevallo</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Nevada Hospital</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (if outside, give location) <u>Gen. Delaney</u>	
3. NAME OF DECEASED (Type or print) First <u>EDNA</u> Middle <u>E.</u> Last <u>SMITH</u>				4. DATE OF DEATH Month <u>February</u> Day <u>15</u> Year <u>1961</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>wh</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-28-1880</u>	9. AGE (last birthday) <u>80</u>	IF UNDER 7 YEAR Months	IF UNDER 24 HR Days	IF UNDER 24 HR Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Near Mattson, Illinois</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Christman</u>			13b. MOTHER'S MAIDEN NAME <u>Wendemann</u>		14. NAME OF HUSBAND OR WIFE <u>Fredrick J. Smith, deceased</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT Address <u>Nevada, Mo</u> <u>Receptionist- Nevada City Hospital</u>		
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerosis and Hypertensive Heart Disease</u>							INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>
DUE TO (b) <u>Hypertension</u>							<u>20 years</u>
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Fracture of neck of right femur</u>					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"/>	20b. SUICIDE <input type="checkbox"/>	20c. 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 _____ Month, Day, Year _____ a.m. _____ p.m. _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <u>Feb 12, 1961</u> to <u>Feb 14, 1961</u> and last saw her alive on <u>Feb 15 '61</u> Death occurred at <u>10:15 P</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Ray W. Jewell M.D.</u> (Degree or title)				22b. ADDRESS <u>Nevada, Mo</u>		22c. DATE SIGNED <u>2/16/61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)		
<u>burial</u>		<u>2-18-61</u>	<u>Local Mattson, Illinois</u>		<u>Mattson, Illinois</u>		
24. FUNERAL DIRECTOR <u>Dr. P. Long, JERICHO, Mo</u>				25. DATE RECD. BY LOCAL REG. <u>Feb 18-1961</u>		26. REGISTRAR'S SIGNATURE <u>Anna E. Jarry</u>	

MAR 1 1961

**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. 3714

P. O. Address Jewett Ave

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.