

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-008294

Registration District No. 118 Primary Registration District No. 5440 Registrar's No. 9

STATE FILE NUMBER

AMENDED

FILED APR 10 1961

1. PLACE OF DEATH a. COUNTY <b>Gasconade</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Gasconade</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Clay Twp.</b>		c. CITY OR TOWN <b>Bland</b>	
Length of stay in 1b <b>7 yrs.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Residence</b>		d. STREET ADDRESS (If outside, give location) <b>Rural Route</b>	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>LILLIAN</b> Middle <b>LEE</b> Last <b>SMITH</b>			4. DATE OF DEATH Month <b>March</b> Day <b>31</b> Year <b>1961</b>		
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7-9-1901</b>	9. AGE (last birthday) <b>59</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>		11. BIRTHPLACE (City and state or country) <b>Bland, Mo.</b>	
13a. FATHER'S NAME <b>James Edward Jones</b>			13b. MOTHER'S MAIDEN NAME <b>Elizabeth Haynes</b>		14. NAME OF HUSBAND OR WIFE <b>Hugh W. Smith</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO. <b>44</b>		17. INFORMANT <b>Hugh W. Smith</b> Address <b>Bland, Mo. Route</b>

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 <b>5dys.</b>
IMMEDIATE CAUSE (a) <b>Coronary Thrombosis</b>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b>			
DUE TO (c) <b>Hypertension</b>			<b>2yrs</b>
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 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 Month, Day, Year a.m. p.m.			

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 <u>11-5-59</u> to <u>3-31-61</u> and last saw her <u>alive</u> on <u>3-25-61</u> Death occurred at <u>1a</u> m on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <i>Renee Bonner, M.D.</i> (Degree or title)		22b. ADDRESS <i>Owensville, Mo.</i>		22c. DATE SIGNED <b>3-31-61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>4-2-1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Bland Union Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Bland, Mo.</b>	

24. FUNERAL DIRECTOR <b>Gottenstroeter Funeral Home</b> ADDRESS <b>Owensville, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>April 1, 1961</b>	26. REGISTRAR'S SIGNATURE <i>Mrs. Maurine Jappmeyer</i>
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DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
SHOULD READ  
BY AFFIDAVIT OF  
ITEM NO.

APR 12 1961

Address

City

State

X

Sex

Age

Weight

X

Height

X

Complexion

1961, 03, 1961

HTIME

RFU

MALE

03 1011-8-7

White

Male

Age

5-10-1961

5-10-1961

Home

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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 JERRY A. THOMPSON, Student Embalmer No. 624

working under my personal supervision.

Student Jerry A. Thompson  
Signature of Student Embalmer

Signed Walter H. White

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE

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.

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