

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-009921
STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO.

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Registration District No. 247 Primary Registration District No. 4368 Registrar's No. X7

FILED MAR 27 1961

1. PLACE OF DEATH a. COUNTY Newton				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Newton			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Wentworth		Length of stay in 1b 11 years		c. CITY OR TOWN Wentworth		Inside Limits Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION North Wentworth			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) North Wentworth		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Cora Middle Elizabeth Last Smith				4. DATE OF DEATH Month 3 Day 18 Year 1961			
5. SEX Fe	6. COLOR OR RACE Wh	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3-23-1894	9. AGE (last birthday) 66	IF UNDER 1 YEAR Months 11 Days 25	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) Barry County	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Anderson Phillips			13b. MOTHER'S MAIDEN NAME Nora Perkins		14. NAME OF HUSBAND OR WIFE Hezz Smith		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO.		17. INFORMANT Address Hezz Smith Wentworth, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>apparent suicide</u>							INTERVAL BETWEEN ONSET AND DEATH <u>same</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) <u>fire</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)					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 checked="" 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 s.m. p.m. 		Month, Day, Year 					
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.) BARN		20f. CITY, TOWN, OR LOCATION Wentworth		COUNTY Newton	STATE Mo.
21. I attended the deceased from <u>Dec. 3, 1960</u> to <u>March 16, 1961</u> and last saw her alive on <u>March 16, 1961</u> Death occurred at <u>about 8:30</u> A.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Dr. Charles D. Younger D.C.</i>				22b. ADDRESS <i>Wentworth, Mo.</i>		22c. DATE SIGNED <i>3-20-61</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-21-1961	23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery		23d. LOCATION (City, town, or county) Carroll County		STATE Mo.	
24. FUNERAL DIRECTOR Wilks Bros. Pierce City, Mo.			25. DATE RECD. BY LOCAL REG. <i>Mar. 20, 1961</i>		26. REGISTRAR'S SIGNATURE <i>M. E. Young</i>		

MAR 28 1967

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

Edwin Wilke

Licensed Embalmer No. 4131
P. O. Address Piscataway City

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.