

OURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-012289

STATE FILE NUMBER

AMENDED

Registration District No. 381 Primary Registration District No. 6183 Registrar's No. 26

FILED APR 10 1961

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY		Sullivan		a. STATE		Missouri b. COUNTY Sullivan	
-b. CITY (If outside corporate limits, give TOWNSHIP only)		Polk		c. CITY OR TOWN		N.W. of Milan	
Length of stay-in 1b		50 yrs		d. STREET ADDRESS		(If outside, give location) N.W. of Milan	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION				Inside Limits			
None				Yes ☐ No ☐			
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First Middle Last				Month Day Year			
May Smith Artrip				March 26, 1961			
5. SEX		6. COLOR OR RACE		7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐		8. DATE OF BIRTH	
Female		White				9/26/85	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY	
housewife		home		Cleveland, Virginia		U.S.A	
13a. FATHER'S NAME				13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE	
Albert Smith				Sarah Ratliff		Arthur Artrip	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT Address	
NO				101-40-9926		B. T. Artrip, Milan, Mo	
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
IMMEDIATE CAUSE (a)							30 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (b)							
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.	
						☐ 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.					
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	
				Milan Sullivan Mo			
21. I attended the deceased from <u>George H. Smith</u> to <u>George H. Smith</u> and last saw her alive on <u>March 24/61</u> . Death occurred at <u>George H. Smith</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE				22b. ADDRESS		22c. DATE SIGNED	
<u>George H. Smith</u>				<u>George H. Smith</u>		<u>3/30/61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
Burial		3/30/61		Oakwood Cemetery		Milan, Missouri	
24. FUNERAL DIRECTOR				25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE	
<u>Geo. W. Smith, Milan, Mo</u>				3-3-61		<u>Mrs. M. W. Beckett</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

George W. Dault

Licensed Embalmer No.

4799

P. O. Address

Milan, M

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.