SSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

TMENT OF PUBLIC HEALTH AND WELFARE

61-021010

STATE FILE NUMBER

AMENDED

Registration District No. 1218 Primary Registration District No. 2000 Registrar's No. 623A

FILED JUL 11 1961

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

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Springfield — Length of stay in lb: 1day
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Burge Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Greene
c. CITY OR TOWN: Walnut Grove — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Mrs. Dollie — Middle Rachel — Last Smith

4. DATE OF DEATH: Month June 27, Day 1961, Year

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 1-29-1880

9. AGE (last birthday): 81 — 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): Polk County, Mo.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Matt Bowman

13b. MOTHER'S MAIDEN NAME: Malinda Wallen

14. NAME OF HUSBAND OR WIFE: Coy E. Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

17. INFORMANT — Address: Coy E. Smith, Walnut Grove, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Shock — INTERVAL BETWEEN ONSET AND DEATH: 2 days.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): presumably myocardial infarction,
DUE TO (c): altho' ruptured aortic aneurysm cannot be excluded

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 6/26/61, to 6/27/61 and last saw her/him alive on 6/26/61
Death occurred at 6/27/61 at 12:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Leo T Neef MD

22b. ADDRESS: Springfield Mo

22c. DATE SIGNED: 6/29/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 6-29-61

23c. NAME OF CEMETERY OR CREMATORY: Oak Grove, Cemetery

23d. LOCATION (City, town, or county): Walnut Grove, Mo (State): Polk Co

24. FUNERAL DIRECTOR — ADDRESS: Bruce Daniel - Doyle L. Daniel, Walnut Grove - Mo

25. DATE RECD. BY LOCAL REG.: 7-10-61

26. REGISTRAR'S SIGNATURE: Effie G. Melton

(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_____

Licensed Embalmer No._____

P. O. Address_____

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.