SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-024596
STATE FILE NUMBER

AMENDED

Registration District No. 93 Primary Registration District No. _____ Registrar's No. 61-58

FILED JUL 24 1961

1. PLACE OF DEATH
a. COUNTY Dade

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Barton

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lockwood — Length of stay in 1b: 5½ mo.

c. CITY OR TOWN Golden City — Inside Limits: Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Good Shepherd Nursing Home — Inside Limits: Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) none — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First DORA Middle CORNELIA Last SMITH

4. DATE OF DEATH: Month July Day 13 Year 1961

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 12/16/69

9. AGE (last birthday): 91 — 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: Own Home

11. BIRTHPLACE (City and state or country): Lawrence Co., Mo.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Davis T. Boswell

13b. MOTHER'S MAIDEN NAME: Delia Fountain

14. NAME OF HUSBAND OR WIFE: Pleasant A. Smith

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

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Earl W. Smith, Address: Mt. Vernon, 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) Coronary Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 3 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Arteriosclerosis — 1 year

DUE TO (c) Diabetes Mellitus — 1 year

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 2-24-61, to 7-13-61 and last saw ~~him~~ her alive on 7-13-61

Death occurred at 11:01 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Emery Taylor MD

22b. ADDRESS Lockwood, Mo

22c. DATE SIGNED 7/14/61

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

23b. DATE: 7/16/1961

23c. NAME OF CEMETERY OR CREMATORY: Union Cemetery

23d. LOCATION (City, town, or county) (State): Lawrence Co., Mo.

24. FUNERAL DIRECTOR: Phillips Funeral Home, ADDRESS: Golden City, Mo.

25. DATE RECD. BY LOCAL REG.: 7-15-61

26. REGISTRAR'S SIGNATURE: J. C. Canada

(Licensed Embalmer's Statement on Reverse Side)

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

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 H. Lowell Pugh

Licensed Embalmer No. 4951

P. O. Address Golden City, Mo.

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.