SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-024634
STATE FILE NUMBER

AMENDED FILED JUL 17 1961

Registration District No. 100 Primary Registration District No. 5392 Registrar's No. 68

1. PLACE OF DEATH a. COUNTY: Dent	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY: Dent
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Watkins typ — Length of stay in 1b: 18 years	c. CITY OR TOWN: Salem — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): at residence — Inside Limits: Yes ☐ No ☒	d. STREET ADDRESS (If outside, give location): rt 2 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print)	First: Sadie	Middle: Ann	Last: Smith
4. DATE OF DEATH	Month: July	Day: 12	Year: 1961
5. SEX: female	6. COLOR OR RACE: white	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH: 11-16-79
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: x	11. BIRTHPLACE (City and state or country): Dent County Mo	12. CITIZEN OF WHAT COUNTRY: U S A
13a. FATHER'S NAME: George Martin	13b. MOTHER'S MAIDEN NAME: Fannie Turley	14. NAME OF HUSBAND OR WIFE: Thos Albert Smith	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): x	16. SOCIAL SECURITY NO.: x	17. INFORMANT: Arthur Martin	Address: Salem, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 Days

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): Chronic Hypertensive Cardiovascular Disease

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 8/13/57, to 7/11/61. and last saw her alive on 7/11/61.

Death occurred at 5 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] MP — 22b. ADDRESS: Salem, Mo. — 22c. DATE SIGNED: 7/14/61

23a. BURIAL, CREMATION, REMOVAL (Specify): burial	23b. DATE: 7-14-61	23c. NAME OF CEMETERY OR CREMATORY: Tune Cem	23d. LOCATION (City, town, or county) (State): Dent Co Mo
24. FUNERAL DIRECTOR: Spencer	ADDRESS: Funeral Home Inc	25. DATE RECD. BY LOCAL REG.: 7/14/61	26. REGISTRAR'S SIGNATURE: M. M. Hart, M.D. by Am

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con 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.