

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-028551

STATE FILE NUMBER

AMENDED

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 214

FILED SEP 11 1961

1. PLACE OF DEATH a. COUNTY <u>Fulton</u> xxx <u>Callaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Cole</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fulton</u>			Length of stay in lb <u>1Yr. 7 M.</u>		c. CITY OR TOWN <u>Henley</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>State Hospital #1</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Myrtle</u> Middle <u>Birdene</u> Last <u>Smith</u>				4. DATE OF DEATH Month <u>Sept.</u> Day <u>6</u> Year <u>1961</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>May 3, 1895</u>		
				9. AGE (last birthday) <u>66</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>3</u> Hours <u></u> Min. <u></u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Own</u>		11. BIRTHPLACE (City and state or country) <u>Wisconsin</u>		
12. CITIZEN OF WHAT COUNTRY <u>USA</u>								
13a. FATHER'S NAME <u>Porter Smith</u>				13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>				16. SOCIAL SECURITY NO.		17. INFORMANT <u>Frank E. Smith, Tebbets, Mo.</u> Address		
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>Cerebro-Vascular Accident</u>								
DUE TO (b) <u>Generalized arteriosclerosis</u>								
DUE TO (c) <u>Cardiac decompensation</u>								
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 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 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 <u></u> a.m. <u></u> p.m. <u></u> Month, Day, Year <u></u>								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE		
				<u>Fulton State Hospital #1</u>		<u>Henley</u> <u>Mo.</u>		
21. I attended the deceased from <u>Jan. 15/60</u> and last saw her <u>alive</u> on <u>Sept. 6, 1961</u> Death occurred at <u>3:20 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>R.W. Marshall, D.O.</u> (Degree or title)				22b. ADDRESS <u>Fulton State Hospital #1</u> <u>Fulton, Mo.</u>				22c. DATE SIGNED <u>9/6/61</u> (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Rep. & Bur.</u>		23b. DATE <u>Sept. 8, 1961</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Carmel Cemetery</u>		23d. LOCATION (City, town, or county) <u>Henley, Mo.</u>		
24. FUNERAL DIRECTOR <u>Victor Buesch</u> ADDRESS <u>J. C. No. 7-1961</u>				25. DATE RECD. BY LOCAL REG. <u>Sept. 7-1961</u>		26. REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>		

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

