

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-029872

STATE FILE NUMBER

AMENDED

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 126

FILED AUG 28 1961

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jasper	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Webb City		Length of stay in 1b 10 days	c. CITY OR TOWN Oronogo Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Jane Chinn Memorial Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) R. 1 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Dewey Middle Edwin Last Smith			4. DATE OF DEATH Month August Day 23 , Year 1961		
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5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/1/1898	9. AGE (last birthday) 62	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocerman	10b. KIND OF BUSINESS OR INDUSTRY Grocery Store	11. BIRTHPLACE (City and state or country) Ozark County, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Lester Proctor Smith	13b. MOTHER'S MAIDEN NAME Emma Jane Owens	14. NAME OF HUSBAND OR WIFE Helen E. Smith
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	17. INFORMANT Address Helen E. Smith, R. 1, Oronogo, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Terminal Pulmonary Edema. 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) Myocardial Failure 7 days
	DUE TO (c) Left Bundle Branch Block 12 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Coronary Insufficiency	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
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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.)
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20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Oronogo	COUNTY Jasper	STATE Mo.
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21. I attended the deceased from **8-10-61** to **8-23-61** and last saw her/him alive on **8-23-61**.
Death occurred at **7:30 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Wm. Wells - JCG</i> (Degree or title)	22b. ADDRESS 924 N. Doughty, Webb City	22c. DATE SIGNED 8-24-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/26/1961	23c. NAME OF CEMETERY OR CREMATORY Weaver Cemetery	23d. LOCATION (City, town, or county) (State) N. of Oronogo, Jasper Co., Mo.
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24. FUNERAL DIRECTOR Hedge-Lewis Funeral Home, Webb City, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 8-25-61	26. REGISTRAR'S SIGNATURE <i>Mrs. Madeline Switzer</i>
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 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 Richard J. Gray Lewis

Licensed Embalmer No. 4405

P. O. Address Webb 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.