

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-031746

STATE FILE NUMBER

AMENDED

Registration District No. **SEP 24 1961** Primary Registration District No. **4014** Registrar's No. **102**

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Atchison</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Atchison</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Fairfax</b>		Length of stay in 1b <b>6 days</b>	c. CITY OR TOWN <b>Tarkio</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Fairfax Com Hospital</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Zella</b> Middle <b>Ethel</b> Last <b>Smith</b>			4. DATE OF DEATH Month <b>Sept</b> Day <b>8</b> Year <b>1961</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10/12/1889</b>	9. AGE (last birthday) <b>71</b>	IF UNDER 1 YEAR Months <b>10</b> Days <b>16</b>
IF UNDER 24 HR Hours <b>10</b> Min. <b>16</b>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Oregon, Mo.</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>	13a. FATHER'S NAME <b>Frank Colbuor</b>		13b. MOTHER'S MAIDEN NAME <b>Emma Banks</b>		14. NAME OF HUSBAND OR WIFE <b>O.D. Smith</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>no</b>			17. INFORMANT <b>Lester McGuire</b>		Address <b>Tarkio, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary occlusion</b> DUE TO (b) <b>Arteriosclerotic Cardio-vascular disease</b> DUE TO (c) <b>diabetes mellitus</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH
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 <b>3</b> a.m. Month, Day, Year <b>6/2/53</b>		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 <b>Tarkio, Mo.</b>		COUNTY <b>Atchison</b> STATE <b>Mo.</b>	
21. I attended the deceased from <b>6/2/53</b> to <b>9/8/61</b> and last saw her <b>alive</b> on <b>9/8/61</b> . Death occurred at <b>3 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>E. J. Nedermeyer M.D.</b>			22b. ADDRESS <b>Tarkio, Mo.</b>		22c. DATE SIGNED <b>9/9/61</b>
23a. BURIAL (REMOVAL, REMOVE) (Specify) <b>burial</b>	23b. DATE <b>9/10/61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Center Grove Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Westboro, Mo.</b>	
24. FUNERAL DIRECTOR <b>Davis Funeral Home</b>		ADDRESS <b>Tarkio, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Sept 17, 1961</b>	26. REGISTRAR'S SIGNATURE <b>Harwin N. Scholer</b>

SEP 26 1961

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 Fred A. Browning

Licensed Embalmer No. 3338

P. O. Address Tarkio, 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.