

# COURT DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-51-040558

AMENDED

Registration District No. 93 Primary Registration District No. \_\_\_\_\_ Registrar's No. 61-98 STATE FILE NUMBER

**FILED DEC 11 1961**

1. PLACE OF DEATH a. COUNTY <b>Dade</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Barton</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Lockwood</b>		c. CITY OR TOWN <b>Golden City</b>	
Length of stay in 1b <b>6 mo.</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>Good Shepherd Nursing Home, Lockwood, Mo.</b>		d. STREET ADDRESS (If outside, give location) <b>none</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <b>MARY FRANCES SMITH</b>			4. DATE OF DEATH -Month Day Year <b>Nov. 30 1961</b>		
---------------------------------------------------------------------------------------	--	--	------------------------------------------------------------	--	--

5. SEX <b>Female</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>1/23/1875</b>	9. AGE (last birthday) <b>86</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
-------------------------	----------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------	-------------------------------------	-------------------------------------------	------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	11. BIRTHPLACE (City and state or country) <b>Dallas Co., Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
-----------------------------------------------------------------------------------------------------------------	------------------------------------------------------	----------------------------------------------------------------------	----------------------------------------------

13a. FATHER'S NAME <b>Joseph Starkey</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Coffman</b>	14. NAME OF HUSBAND OR WIFE <b>John William 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>	16. SOCIAL SECURITY NO. <b>---</b>	17. INFORMANT Address <b>Mrs. Percy Jones, Lockwood, Mo.</b>
-----------------------------------------------------------------------------------------------------------------------	---------------------------------------	-----------------------------------------------------------------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Ovarian Carcinoma - local spread and metastasis.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 year</b>
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)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 _____ a.m. _____ p.m. Month, Day, Year _____
-----------------------------------------------------------------------------

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
--------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------	-------------------------------------------

21. I attended the deceased from 1-24-61 to 11-30-61 and last saw her alive on 11-29-61  
Death occurred at 4-20 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Emeru. Taylor M.D.</b>	22b. ADDRESS <b>Lockwood, Mo</b>	22c. DATE SIGNED <b>12/1/61</b>
---------------------------------------------------------------	-------------------------------------	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>Dec. 2, 1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>I.O.O.F. Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Golden City, Mo.</b>
------------------------------------------------------------	----------------------------------	----------------------------------------------------------------	--------------------------------------------------------------------------

24. FUNERAL DIRECTOR ADDRESS <b>Phillips Funeral Home</b>	25. DATE RECD. BY LOCAL REG. <b>12/4/1961</b>	26. REGISTRAR'S SIGNATURE <b>J. C. Canada</b>
--------------------------------------------------------------	--------------------------------------------------	--------------------------------------------------

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Date \_\_\_\_\_  
 Lockwood  
 of Shepherd Yarns  
 Lockwood, Mo.  
 x  
 Golden City  
 Missouri  
 Barton  
 x  
 1961 05 30  
 WHITE  
 MARY  
 x  
 White  
 Female  
 Housewife  
 Own Home  
 Dallas Co., Mo.  
 U.S.A.  
 Joseph Terrey  
 Mary Coffman  
 John William Smith  
 Mrs. Percy Jones, Lockwood, Mo.  
 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 me,  
 or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
 working under my personal supervision.

Student \_\_\_\_\_  
 Signature of Student Embalmer

Signed *H. F. Pugh*

Licensed Embalmer No. 3278

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.