

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-041970

STATE FILE NUMBER

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 255

AMENDED

FILED DEC 13 1961

1. PLACE OF DEATH a. COUNTY <b>Phelps</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Dent</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Rolla</b>	Length of stay in 1b <b>6 days</b>	c. CITY OR TOWN <b>Gladden</b>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Phelps Co. Memorial Hosp.</b>		d. STREET ADDRESS (If outside, give location) <b>Hwy 19 South</b>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>JESSIE</b> Middle <b>JACOB</b> Last <b>SMITH</b>			4. DATE OF DEATH Month <b>December</b> Day <b>6</b> , Year <b>1961</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12/12/1890</b>	9. AGE (last birthday) <b>70</b>	IF UNDER 1 YEAR Months <b>11</b> Days <b>24</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Superintendent</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Western Carriage Co. Olin Mathison Div.</b>	11. BIRTHPLACE (City and state or country) <b>Rosedale, Illinois</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Robert Smith</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Louise 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 none</b>	17. INFORMANT <b>Louise Smith</b>	Address <b>Hwy 19 Gladden, Mo.</b>
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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) <b>Carcinoma of liver -</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 mo.</b>
DUE TO (b) <b>generalized metastasis</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 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.)
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 <b>Rolla</b>	COUNTY <b>Dent</b>	STATE <b>Mo.</b>
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21. I attended the deceased from 12-1-61 to 12-6-61 and last saw <sup>her</sup>him alive on 12-6-61  
Death occurred at 1:30 a. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>[Signature]</i>	22b. ADDRESS <b>Rolla Mo</b>	22c. DATE SIGNED <b>12-6-61</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>12/6/1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oak Wood Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Alton, Ill.</b>
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24. FUNERAL DIRECTOR <b>Carl J. Glenn</b>	ADDRESS <b>West 10th. st., Rolla, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>Dec. 6, 1961</b>	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 18 1961

JAN 9 1962

**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 C. J. Glenn

Licensed Embalmer No. 4707

P. O. Address Rolla, 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.