

COURT DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-042007

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

UNAMENDED

Registration District No. 290 Primary Registration District No. Registrar's No. 136

FILED NOV 29 1961

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Pulaski</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Taney</b> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Waynesville</b> |  | c. CITY OR TOWN <b>Taneyville</b>  |  |
| c. FULL NAME OF HOSPITAL OR INSTITUTION <b>Pulaski County Hosp</b>                   |  | d. STREET ADDRESS <b>-----</b>   |  |

|   |  |  |   |  |
|---|--|--|---|--|
| 3. NAME OF DECEASED (Type or print)<br>First <b>Retta</b> Middle <b>---</b> Last <b>Smith</b> |  |  | 4. DATE OF DEATH<br>Month <b>Nov</b> Day <b>23</b> Year <b>1961</b> |  |
|---|--|--|---|--|

|                      |                               |   |                                    |                                  |  |  |
|----------------------|-------------------------------|---|------------------------------------|----------------------------------|--|--|
| 5. SEX <b>Female</b> | 6. COLOR OR RACE <b>White</b> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <b>Apr 7 1878</b> | 9. AGE (last birthday) <b>83</b> | IF UNDER 1 YEAR<br>Months <b>---</b> Days <b>---</b> | IF UNDER 24 HR<br>Hours <b>---</b> Min. <b>---</b> |
|----------------------|-------------------------------|---|------------------------------------|----------------------------------|--|--|

|  |   |   |  |
|--|---|---|--|
| 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>Domestic</b> | 11. BIRTHPLACE (City and state or country) <b>Taney County Mo</b> | 12. CITIZEN OF WHAT COUNTRY <b>USA</b> |
|--|---|---|--|

|  |  |  |
|--|--|--|
| 13a. FATHER'S NAME <b>Calvin Vance Gasey</b> | 13b. MOTHER'S MAIDEN NAME <b>Mary Sims</b> | 14. NAME OF HUSBAND OR WIFE <b>James Henry 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>None</b> | 17. INFORMANT <b>Everett Head</b> Address <b>Waynesville Missouri</b> |
|--|-------------------------------------|---|

|   |  |  |
|---|--|--|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Carcinoma Signed Below</b> |  | INTERVAL BETWEEN ONSET AND DEATH <b>Unknown</b>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>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.<br><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<br>Hour <b>---</b> a.m. <b>---</b> p.m. <b>---</b> | Month <b>---</b> Day <b>---</b> Year <b>---</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>Waynesville</b> COUNTY <b>Missouri</b> STATE <b>Missouri</b> |
|--|--|--|

21. I attended the deceased from **Oct 19, 1961** to **Nov. 23, 1961** and last saw her/him alive on \_\_\_\_\_  
Death occurred at **1:30 P** m on the date stated above, and to the best of my knowledge, from the causes stated.

|  |  |                                  |
|--|--|----------------------------------|
| 22a. SIGNATURE <b>R.D. Albritton</b> (Degree or title) <b>DO</b> | 22b. ADDRESS <b>Waynesville Missouri</b> | 22c. DATE SIGNED <b>11/24/61</b> |
|--|--|----------------------------------|

|   |                           |   |   |
|---|---------------------------|---|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b> | 23b. DATE <b>11/27/61</b> | 23c. NAME OF CEMETERY OR CREMATORY <b>Helphrey Cemetery</b> | 23d. LOCATION (City, town, or county) (State) <b>Taneyville, Missouri</b> |
|---|---------------------------|---|---|

|   |  |   |
|---|--|---|
| 24. FUNERAL DIRECTOR <b>Moss-Williams</b> ADDRESS <b>Funeral Homes Crocker Mo</b> | 25. DATE RECD. BY LOCAL REG. <b>11-24-61</b> | 26. REGISTRAR'S SIGNATURE <b>Paula Grace Anderson</b> |
|---|--|---|

DOCUMENT

MEDICAL CERTIFICATION

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  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

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

Signed Clarence Pross

Licensed Embalmer No. 4896

P. O. Address Waynesville, N.C.

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.