MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-016286
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 150

FILED APR 16 1962

1. PLACE OF DEATH
a. COUNTY Pettis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia
Length of stay in 1b Most of Life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 209 East Seventh Street Community Nursing Home
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pettis
c. CITY OR TOWN Sedalia
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) Community Nursing Home 209 East Seventh Street
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First MRS. NANCY Middle JANE Last SMITH
4. DATE OF DEATH Month April Day 7, Year 1962
5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 9-17-1869
9. AGE (last birthday) 92
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Homemaker
11. BIRTHPLACE (City and state or country) McGirk, Missouri
12. CITIZEN OF WHAT COUNTRY USA.
13a. FATHER'S NAME Marion C. Jackson
13b. MOTHER'S MAIDEN NAME Elizabeth Loving
14. NAME OF HUSBAND OR WIFE Jerome K. Smith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Mrs. Harry Collins-Sedalia, Missouri Address 629 East Eleventh St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
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. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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~~ viewed the deceased from as corpse to and last ~~saw~~ her him alive on
Death occurred at 6:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Chas Jordan (Degree or title) Funeral Director
22b. ADDRESS Conway Peele Co
22c. DATE SIGNED 4-9-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE April 9, 1962
23c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery
23d. LOCATION (City, town, or county) Sedalia, (State) Missouri
24. FUNERAL DIRECTOR D.W. Heckart ADDRESS Gillespie Funeral Home Sedalia, Missouri
25. DATE RECD. BY LOCAL REG. April 11, 1962
26. REGISTRAR'S SIGNATURE Frances Shelby
(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	0808		
2	0908		
3			
4	1		
5	2		
6			
7	0		
8	0		
9	4200		
10			
11			
12	6-0		
13	1-0		

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

No permit issued

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 John R Vaynes Jr

Licensed Embalmer No. 5173

P. O. Address Sedalia 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.