

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-017875

STATE FILE NUMBER

DO NOT WRITE ON THIS STUD

AMENDED

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 168

FILED JUN 5 1962

VS 300
Rev. 4/59

1 0017
2 0017
3
4 1
5 2
6
7 0
8 2
9 332X
10
11
12 86-2
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Adair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkville		Length of stay in lb 10 yrs	c. CITY OR TOWN Kirkville Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) KIRKVILLE Community Home # 2		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1702 S. Baird Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last FLORENCE MABEL SMITH		4. DATE OF DEATH Month Day Year May 25 1962	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/8/79
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Maker		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Adair Co., Mo.
12. CITIZEN OF WHAT COUNTRY U S		13. FATHER'S NAME Wilbur Mac Smith	
13b. MOTHER'S MAIDEN NAME Victoria Hibbetts		14. NAME OF HUSBAND OR WIFE J. Rollie Smith, Dec.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NONE	17. INFORMANT Floyd B. Smith, Kirkville, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cachexia et Debilitation DUE TO (b) Cerebral Encephalomalacia DUE TO (c) Cerebral Arteriosclerosis			INTERVAL BETWEEN ONSET AND DEATH weeks months years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Recumbency due to Convalescence from right femoral fracture			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 checked="" 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 checked="" 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 May 1, 1962 to May 25, 1962 and last saw her alive on May 25, 1962 Death occurred at 3:00 P. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) George H. Scheurer, D.O.		22b. ADDRESS Kirkville	22c. DATE SIGNED 5-27-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 27 1962	23c. NAME OF CEMETERY OR CREMATORY Highland Park	23d. LOCATION (City, town, or county) (State) Kirkville, Adair, Mo.
24. FUNERAL DIRECTOR ADDRESS Foster Memorial Home, Kirkville, Mo.		25. DATE RECD. BY LOCAL REG. May 29, 1962	26. REGISTRAR'S SIGNATURE Doris W. Ratliff

No permit issued

GEORGE H. SCHURER, D.O.

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 *Nova E. Foster*

Nova E. Foster

Licensed Embalmer No. 4742

P. O. Address Kirksville, 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.