MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-024171

STATE FILE NUMBER

Registration District No. 376 Primary Registration District No. 4410 Registrar's No. 37

FILED JUL 9 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1 0810
2 0810
3 2
4 1
5 2
6
7 0
8 2
9 444 X
10
11
12 86-0
13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Phelps
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. James
Length of stay in 1b: 6 mo.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Soldiers Home Hosp
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Phelps
c. CITY OR TOWN: St. James
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): ✓
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: Rowena Middle: J. Last: Smith

4. DATE OF DEATH: Month: July Day: 1. Year: 1962

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH: June 7, 1873
9. AGE (last birthday): 89
IF UNDER 1 YEAR: Months / Days: 23
IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired House wife
10b. KIND OF BUSINESS OR INDUSTRY: ✓
11. BIRTHPLACE (City and state or country): Maries Co. Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Wm Spurgin
13b. MOTHER'S MAIDEN NAME: Polly Tipton
14. NAME OF HUSBAND OR WIFE: Wm E. 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.: ✓
17. INFORMANT: Gene Smith (Son) Address: Rolla, Mo.

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): Thrombosis Superior mesenteric artery 10 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Generalized Atherosclerosis
DUE TO (c): arteriosclerotic hypertension
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): Bronchial asthma

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 the deceased from 1949 to July 1, 1962 and last saw him alive on July 1, 1962
Death occurred at 12:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Harry A. Buck MD (Degree or title)
22b. ADDRESS: Rolla, Mo
22c. DATE SIGNED: 7/6/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7-3-1962
23c. NAME OF CEMETERY OR CREMATORY: Masonic Cem.
23d. LOCATION (City, town, or county) (State): St. James, Mo.

24. FUNERAL DIRECTOR: Oral E. Sieblier ADDRESS: St James Mo.
25. DATE RECD. BY LOCAL REG.: 7-6-62
26. REGISTRAR'S SIGNATURE: Ruth B. Powell

(Licensed Embalmer's Statement on Reverse Side)

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 Me, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Orel E Lickliter

Licensed Embalmer No. 3546

P. O. Address St James

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.

permit applied for, awaiting mail. Signature 7-1-64. R.B.P.