

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-030044

STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 478

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10169
20340

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

FILED AUG 27 1962		1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Douglas</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia Mo.</u>		Length of stay in lb <u>48 days</u>		c. CITY OR TOWN <u>Drew</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>UNIVERSITY OF MISSOURI MEDICAL CENTER.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Middle Last <u>MABEL Nichols Smith</u>			4. DATE OF DEATH Month Day Year <u>8 22 62.</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>Caus.</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-14-14</u>	9. AGE (last birthday) <u>48</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>		11. BIRTHPLACE (City and state or country) <u>ATLANTAS</u>	
12. CITIZEN OF WHAT COUNTRY <u>LOSA.</u>		13a. FATHER'S NAME <u>Henry Nichols</u>		13b. MOTHER'S MAIDEN NAME <u>ETHEL HANCOCK</u>	
14. NAME OF HUSBAND OR WIFE <u>Lester Smith</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [If yes, give war or dates of service] <u>NO</u>		16. SOCIAL SECURITY NO. <u>---</u>	
17. INFORMANT Address <u>Hospital Records, Columbia, Mo.</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			
IMMEDIATE CAUSE (a) <u>Car Pulmonale</u>		DUE TO (b) <u>CHRONIC OBSTRUCTIVE PULMONARY</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 YEARS</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) <u>EMPHYSEMA</u>		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>---</u>		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 checked="" type="checkbox"/> NO <input 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.) <u>---</u>			
20c. TIME OF INJURY Hour a.m. p.m. <u>---</u>		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.) <u>---</u>	
20f. CITY, TOWN, OR LOCATION <u>---</u>		COUNTY <u>---</u>		STATE <u>---</u>	
21. I attended the deceased from <u>5 Jul 62</u> to <u>Now</u> and last saw her alive on <u>21 Aug 62</u> . Death occurred at <u>6:15 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Jerald B. Lee M.D.</u>		(Degree or title)		22b. ADDRESS <u>UNIVERSITY OF MISSOURI M.C.</u>	
22c. DATE SIGNED <u>22 Aug 62</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>Aug. 22, 1962</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Gentryville Cemetery</u>		23d. LOCATION (City, town, or county) <u>Gentryville, Missouri</u>		(State)	
24. FUNERAL DIRECTOR <u>Parker Funeral Service, Columbia, Mo.</u>		ADDRESS		25. DATE RECD. BY LOCAL REG. <u>Aug 22 1962</u>	
26. REGISTRAR'S SIGNATURE <u>Mrs R.E. Palmer</u>					

AUG 28 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

George A. Keeby

Licensed Embalmer No. 4752

P. O. Address Columbiana

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.