

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 61 Primary Registration District No. 4107 Registrar's No. 93 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

1. PLACE OF DEATH  
 a. COUNTY Cedar  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN El Dorado Springs Length of stay in lb 2 days  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cedar Co. Mem. Hosp. Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Missouri COUNTY Cedar  
 c. CITY OR TOWN El Dorado Springs Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) Reside on Farm Rt#5 Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year  
 ETHEL C. SMITH 10-4-62

5. SEX female 6. COLOR OR RACE white 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 11-27-1892 9. AGE (last birthday) 70 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) house wife 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) St. Clair Co., Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME John Gorrell 13b. MOTHER'S MAIDEN NAME Mary Medows 14. NAME OF HUSBAND OR WIFE James L. Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no none 16. SOCIAL SECURITY NO. none 17. INFORMANT Address MO. James L. Smith Rt#5 El Dorado Spgs

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Cerebral vascular accident  
 DUE TO (b) Cerebral arteriosclerosis  
 DUE TO (c)  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) Diabetis Mellitus  
 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 12/27/51, to 10/4/62 and last saw her alive on 10/4/62  
 Death occurred at 11:20 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Albert X. Inaque M.D. 22b. ADDRESS El Dorado Springs, Mo. 22c. DATE SIGNED 10/6/62

23a. BURIAL, CREMATION, REMOVAL (Specify) burial 23b. DATE 10-6-1962 23c. NAME OF CEMETERY OR CREMATORY Lebeck Cemetery 23d. LOCATION (City, town, or county) Cedar Co., Mo. (State)

24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE  
 Winn-Carother El Dorado Spgs., Mo. 10-7-62 Joe E. Humphrey R.M.

OCT 16 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 John M Eisen, Student Embalmer No. 661  
working under my personal supervision.

Student John M Eisen  
Signature of Student Embalmer

Signed May W. Dickering

Licensed Embalmer No. 4696

P. O. Address El Dorado Springs, 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.

no permit returned