

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-035406

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 195 Primary Registration District No. \_\_\_\_\_ Registrar's No. 64-63 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED OCT 10 1962

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

|   |  |   |   |
|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>MCDONALD</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>MCDONALD</u>   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><u>Anderson</u>  |  | Length of stay in 1b<br><u>10 years</u>   | c. CITY OR TOWN <u>Anderson</u><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                               |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>MAIN STREET</u>                                 |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><u>None</u><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print) <u>HELENA SMITH</u>  |  | 4. DATE OF DEATH<br>Month <u>Oct.</u> Day <u>1</u> Year <u>1962</u>   |   |
| 5. SEX<br><u>FEMALE</u>   | 6. COLOR OR RACE<br><u>WHITE</u>   | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>   | 8. DATE OF BIRTH<br><u>MAY 19, 1884</u>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>HOUSEWIFE</u>                   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>HOME MAKING</u>   | 9. AGE (last birthday)<br><u>78</u>   |
| 11a. FATHER'S NAME<br><u>UNKNOWN</u>  |  | 11b. MOTHER'S MAIDEN NAME<br><u>UNKNOWN</u>   | 11. BIRTHPLACE (City and state or country)<br><u>Snyder, Neb.</u>   |
| 12a. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>         |  | 12b. SOCIAL SECURITY NO.<br><u>NONE</u>   | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u>  |
| 13. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:                          |  | 14. NAME OF HUSBAND OR WIFE<br><u>A.L. SMITH</u>  |   |
| IMMEDIATE CAUSE (a) <u>Not Attended</u>   |  | INTERVAL BETWEEN ONSET AND DEATH  |   |
| DUE TO (b) <u>Accidental Death Caused By Being Ran Over By A TRAIN IN Anderson, Mo.</u>   |  |   |   |
| DUE TO (c) <u>Crushed Chest - Massive Hemorrhage - Due to Chest Injury + Tobacco Surgery</u>                                      |  |   |   |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown                                |   |
| 19. WAS AUTOPSY PERFORMED?<br>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.)<br><u>Struck By A TRAIN</u>  |   |
| 20c. TIME OF INJURY<br>Hour <u>8:20</u> Month, Day, Year <u>10-1-1962</u><br>p.m.   | 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.)<br><u>MAIN Street R.R. Crossing</u>      |  | 20f. CITY, TOWN, OR LOCATION<br><u>Anderson</u>   | 20g. COUNTY<br><u>MCDONALD</u>  |
| 20f. STATE<br><u>MO</u>   |  | 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____<br>Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated. |   |
| 22a. SIGNATURE<br><u>Mary A. Bradley</u> (Degree or title) <u>Registrar</u>   |  | 22b. ADDRESS<br><u>Pineville, Mo</u>  | 22c. DATE SIGNED<br><u>10/4/62</u>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  | 23b. DATE<br><u>OCT. 2, 1962</u>   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>NEW BETHEL</u>   | 23d. LOCATION (City, town, or county) (State)<br><u>Anderson, Mo.</u>   |
| 24. FUNERAL DIRECTOR<br><u>Roller Funeral Home</u><br><u>Anderson, Mo.</u>  |  | 25. DATE RECD. BY LOCAL REG.<br><u>OCT. 4, 1962</u>   | 26. REGISTRAR'S SIGNATURE<br><u>Mary A. Bradley</u>   |

OCT 17 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 Robert C. Roller

Licensed Embalmer No. 5062

P. O. Address Anderson, Ma

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.

Burns Permit Not Issued