

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-033065

STATE FILE NUMBER

Registration District No. 207 Primary Registration District No. 3048 Registrar's No. 205

DO NOT WRITE ON THIS STUB

AMENDED

FILED SEP 9 1963

1. PLACE OF DEATH a. COUNTY <b>Nodaway</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Nodaway</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Maryville</b>		Length of stay in 1b <b>3 days</b>	c. CITY OR TOWN <b>Burlington Jct</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St Francis Hospital</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>none</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) <b>Florence Smith</b>			4. DATE OF DEATH Month <b>Aug.</b> Day <b>20</b> Year <b>1963</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10/7/1863</b>	9. AGE (last birthday) <b>89</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>home</b>	11. BIRTHPLACE (City and state or country). <b>Blanchard, Iowa</b>		12. CITIZEN OF WHAT COUNTRY <b>US</b>
13a. FATHER'S NAME <b>Andrew J Scott</b>		13b. MOTHER'S MAIDEN NAME <b>Berilla Adams</b>		14. NAME OF HUSBAND OR WIFE <b>William Smith</b>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>[redacted]</b>	17. INFORMANT <b>Mrs Ted Looney Burl. Jct Mo</b> Address
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18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinoma Head Pancreas</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 mos</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		

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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input 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.)	
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 type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>Blanchard, Iowa</b>	COUNTY <b>Blanchard</b>	STATE <b>Iowa</b>
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21. I attended the deceased from <b>May 14, 1963</b> to <b>Aug 20, 1963</b> and last saw her alive on <b>Aug 20, 1963</b> Death occurred at <b>8:30 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <b>[Signature]</b> (Degree or title) <b>MD</b>	22b. ADDRESS <b>Maryville Mo</b>	22c. DATE SIGNED <b>9/3/63</b> (State)

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Buried</b>	23b. DATE <b>8/22/63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Blanchard Cemetery</b>	23d. LOCATION (City, town, or county) <b>Blanchard, Iowa</b>
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24. REGISTRAR'S SIGNATURE <b>J. H. Hann</b>	ADDRESS <b>Burlington Jct Mo</b>	25. DATE RECD. BY LOCAL REG. <b>9-3-63</b>	26. REGISTRAR'S SIGNATURE <b>[Signature]</b>
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300  
Rev. 4/59

10745

20740-

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**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 \_\_\_\_\_

Licensed Embalmer No. 2968

P. O. Address Burl. J. M.

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.