

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4211**

FILED MAR 12 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **82** PRIMARY REG. DIST. NO. **3017** Registrar's No. **28**

1. PLACE OF DEATH a. COUNTY <b>Cooper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Howard</b>	
b. CITY OR TOWN <b>Boonville, Mo.</b>		c. CITY OR TOWN <b>New Franklin</b>	
c. LENGTH OF STAY (In this place) <b>4 days</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph Hospital</b>		No. STREET ADDRESS (If rural, give location) <b>Rural 0.450</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Bessie</b> b. (Middle) <b>Edna</b> c. (Last) <b>Smith</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 7 - 56</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov. 27 - 1890</b>
9. AGE (In years last birthday) <b>65</b>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife Home</b>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <b>Cooper Co. Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Walter Teuberger</b>	
13b. MOTHER'S MAIDEN NAME <b>Sarah Johnson</b>		14. NAME OF HUSBAND OR WIFE <b>Hubert Smith</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <b>Hubert Smith</b>		ADDRESS <b>New Franklin</b>	
MEDICAL CERTIFICATION			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CEREBRAL VASCULAR ACCIDENT</b>	
		INTERVAL BETWEEN ONSET AND DEATH <b>4 DAYS</b>	
		ANTECEDENT CAUSES	
		DUE TO (b) <b>HYPERTENSIVE CARDIOVASCULAR DISEASE</b> YEARS _____	
		DUE TO (c) <b>GENERALIZED ARTERIOSCLEROSIS</b> YEARS _____	
		II. OTHER SIGNIFICANT CONDITIONS	
		Conditions contributing to the death but not related to the disease or condition causing death. <b>INFARCTION OF THE MYOCARDIUM</b> OLD	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>443x</b>	
21a. ACCIDENT-SUICIDE-HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <b>SEPT. 15, 1955</b> , to <b>MAR. 7, 1956</b> , that I last saw the deceased alive on <b>MAR. 7, 1956</b> , and that death occurred at <b>4:45 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>L. H. Hooper, M.D.</b> (Degree or title)		23b. ADDRESS <b>329 Shaw St., Boonville, Mo.</b>	
23c. DATE SIGNED <b>3/8/56</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	
24b. DATE <b>Mar. 9 - 56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Pleasant</b>	
24d. LOCATION (City, town, or county) (State) <b>New Franklin, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>H. L. Bell</b> ADDRESS <b>New Franklin, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>3/8/56</b>		REGISTRAR'S SIGNATURE <b>L. H. Hooper 3810</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10.48

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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 *N. L. Hall*.....

Licensed Embalmer No. *354*.....

P. O. Address *New France*.....

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.