

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1686

FILED FEB 13 1957

STATE FILE NUMBER

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>WEBB CITY</b>		c. CITY OR TOWN <b>WEBB CITY</b> <i>at 920</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>405 E. DAUGHERTY</b>		d. STREET ADDRESS (If outside, give location) <b>405 E. DAUGHERTY</b>	
Length of stay in lb <b>56 YRS</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>MARY</b> Middle <b>N</b> Last <b>SMITH</b>			4. DATE OF DEATH Month <b>2</b> Day <b>7</b> Year <b>1957</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>9-2-1874</b>	9. AGE (In years last birthday) <b>82</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>DOMESTIC</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>AT HOME</b>	11. BIRTHPLACE (City and state or country) <b>LAWRENCE COUNTY ARKANSAS</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>
13. FATHER'S NAME <b>HOLLY BROWN</b>			14. MOTHER'S MAIDEN NAME <b>ALZORA EATON</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>NONE</b>	17. INFORMANT <b>MRS TESIE BENFIELD</b> Address <b>WEBB CITY, MO</b>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>7 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Hypertension</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)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>

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 <b>a. m.</b> Month <b>2/7/57</b> Day <b>7</b> Year <b>1957</b>					
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 COUNTY STATE	
21. I attended the deceased from <b>8-31-57</b> to <b>2-7-57</b> and last saw her alive on <b>2-6-57</b> Death occurred at <b>1:05 am 2/7/57</b> in private home stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Sever Knight MD</b> (Degree or title)		22b. ADDRESS <b>Webb City Mo</b>		22c. DATE SIGNED <b>2-7-57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>2-10-1957</b>		23c. NAME OF CEMETERY OR CREMATORY <b>CARTERVILLE CEMETERY</b>	
24. FUNERAL DIRECTOR <b>HEDGE-LEWIS FUNERAL WEBB CITY, MO</b> ADDRESS		25. DATE RECD. BY LOCAL REG. <b>2-9-57</b>		26. REGISTRAR'S SIGNATURE <b>Mrs. Madeline Switzer</b>	

(Licensed Embalmer's Statement on Reverse Side)

hh, welfare office, service, 00 56, diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

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County Health Office  
County File Number 57-2-113  
Ohio Filed ~~1957~~ 1957

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 *Richard Roy Lewis*

Licensed Embalmer No. 446

P. O. Address *Wab C.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.