

FILED JUL 9 1957

STANDARD CERTIFICATE OF DEATH

157 021955

Registration District No. 239 Primary Registration District No. 5823 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>			
b. CITY (If outside corporate limits of TOWNSHIP only) OR TOWN <u>Hiway 61 South (1/2 Mi.)</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			c. CITY OR TOWN <u>New Madrid</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			8720	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Hiway 61 1/2 mi. So.</u> Length of stay in 1b <u>1 years</u>				d. STREET ADDRESS (If outside, give location) <u>Route One</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>Anna</u> Middle <u>Lee</u> Last <u>Smith</u>			4. DATE OF DEATH <u>June 16, 1957</u> Month <u>June</u> Day <u>16</u> Year <u>1957</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>November 11, '76</u> 80	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home-maker</u>		11. BIRTHPLACE (City and state or country) <u>New Madrid, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Benjamin Winston</u>				14. MOTHER'S MAIDEN NAME <u>Maria Hayes</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>Y</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Edward C. Smith Sr.</u> Address <u>New Madrid, Mo. Route one</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Coronary Arteriosclerosis</u> DUE TO (c) <u>Extreme Dilatation</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Large Abdominal Hernia</u>						INTERVAL BETWEEN ONSET AND DEATH <u>Five weeks</u> ?	
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 <u>5:30</u> Month, Day, Year a. m. <u>P.</u> p. m.							
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 <u>April 1957</u> to <u>June 57</u> and last saw her <u>live</u> on <u>15 June 57</u> Death occurred at <u>5:30 P.</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Charles C. Reiter MD</u> (Degree or title)				22b. ADDRESS <u>New Madrid, Mo.</u>		22c. DATE SIGNED <u>18 June 57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>June 18, 1957</u>		<u>Mound Cemetery</u>		<u>New Madrid County, Missouri</u>	
24. FUNERAL DIRECTOR <u>H.S. Smith Funeral Home C'ville. Mo.</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>July 57</u>		26. REGISTRAR'S SIGNATURE <u>Fay Hedgcock</u>	

DATE RECEIVED JUL 3 1957
NEW MADRID CO. HEALTH CENTER
P. J. S.

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 W. Denver Pike.....

Licensed Embalmer No. 4489

P. O. Address Caruthers

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.