

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 10 1957

42626

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11593**

1. PLACE OF DEATH
a. COUNTY? _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY **MADISON**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis, Mo**

c. LENGTH OF STAY (in this place) **6 days**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Fredericktown**

d. FULL NAME OF HOSPITAL OR INSTITUTION **DePaul Hospital**

d. STREET ADDRESS (If rural, give location) **37 710 S. Main St.**

3. NAME OF DECEASED
a. (First) **Hattie** b. (Middle) **BELLE** c. (Last) **Smith**

4. DATE OF DEATH (Month) (Day) (Year) **11 - 30 - 1957**

5. SEX **F**

6. COLOR OR RACE **W**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **widowed**

8. DATE OF BIRTH **6-21-1880**

9. AGE (In years last birthday) **77**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Homemaker**

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) **Wayne Co., Mo.**

12. CITIZEN OF WHAT COUNTRY? **U.S.**

13a. FATHER'S NAME **Harris**

13b. MOTHER'S MAIDEN NAME **Unknown**

14. NAME OF HUSBAND OR WIFE **unk.**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No**

16. SOCIAL SECURITY NO. **none**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Mrs. Louise Graham Fredericktown, Mo.**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cardiac Arrest**

INTERVAL BETWEEN ONSET AND DEATH, **12 minutes**

II. ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Anesthesia**
DUE TO (c) **Hypoxia**

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **Fracture of Right Hip**

19a. DATE OF OPERATION **11-30-57**

19b. MAJOR FINDINGS OF OPERATION **Fracture of femur, intertrochanteric**

20. AUTOPSY? **2**
YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **accident**

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **31 Home**

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **Fredericktown Madison Mo.**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **11-24-57 11:20**

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? **tripped & fell**

22. I hereby certify that I attended the deceased from **11/24/57**, 19**57**, to **11/30/57**, 19**57**, that I last saw the deceased alive on **11/30/57**, 19**57**, and that death occurred at **10:52** a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Hattie L. Graham M.D.**

23b. ADDRESS **3720 Washington Blvd** 23c. DATE SIGNED **12/2/57**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL**

24b. DATE **DEC 2 - 1957**

24c. NAME OF CEMETERY OR CREMATORY **I.O.O.F. SEMETERY**

24d. LOCATION (City, town, or county) (State) **MADISON Mo.**

DATE REC'D BY LOCAL REG. **DEC 3 - 57**

REGISTRAR'S SIGNATURE **J. Earl Smith M.D.**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **H. HAMSON FREDERICKTOWN Mo.**

WRITE PLAINLY—USING UNFADING INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed *A. C. Odanson*

Licensed Embalmer No. *4351*

P. O. Address. *FREDERICTOWN, Md.*

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 this body is not embalmed, fact should be so stated above.