

FILED JAN 20 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

536

STATE FILE NUMBER

Registration District No. 55 Primary Registration District No. 3011 Registrar's No. 7

300
57

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Carroll</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Carrollton</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Carrollton</u>
c. FULL NAME OF (IF NOT IN hospital, give location) HOSPITAL OR INSTITUTION <u>Bales Hosp</u>		Length of stay in lb <u>Life</u>	d. STREET ADDRESS (If outside, give location) <u>2037 Folger</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>KATHERINE REA SMITH</u>			4. DATE OF DEATH Month Day Year <u>Jan. 17 1958</u>
5. SEX <u>Fe.</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept. 29, 1874</u>
9. AGE (In years last birthday) <u>83</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>	11. BIRTHPLACE (City and state or country) <u>Carrollton Mo. U.S.A.</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>E. J. Rea</u>		13b. MOTHER'S MAIDEN NAME <u>Theodosia Martin</u>	14. NAME OF HUSBAND OR WIFE <u>A. C. Smith</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>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT <u>J. R. Smith, Carrollton Mo.</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>Myocardial Infarction</u> <u>Phelitis Nephritis Cystitis</u> <u>Diabetes Mellitus Nutritional Anorexia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) <u>Arteriosclerosis</u> <u>Atherosclerosis</u> <u>Arteriosclerosis mixed type</u> DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u> <u>1 1/2 years</u> <u>1 1/2 years</u> <u>10 yrs</u> <u>15 yrs</u> <u>15 yrs</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>6000</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 Month, Day, Year a.m. 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>Jan 1 1957</u> to <u>Jan 17 1958</u> and last saw <u>her</u> <u>him</u> alive on <u>Jan 17 - 1958</u> Death occurred at <u>7:25 AM</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Eileen Rea</u> (Degree or title)		22b. ADDRESS <u>Carrollton Mo</u>	22c. DATE SIGNED <u>1-18-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>1-18-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill</u>	23d. LOCATION (City, town, or county) (State) <u>Carrollton Mo</u>
24. FUNERAL DIRECTOR <u>Stanley Gibson</u> ADDRESS <u>Carrollton Mo</u>		25. DATE RECD. BY LOCAL REG. <u>1-18-58</u>	26. REGISTRAR'S SIGNATURE <u>Mr. Herbert Calver</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JUN 28 1966

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 *Ben W Gibson*

Licensed Embalmer No. *2961*
P. O. Address *Carrollton W*

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.