

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-011163
State File No.

FILED MAR 18 1958

BIRTH NO. _____ REG. DIST. NO. 394 PRIMARY REG. DIST. NO. 4563 Registrar's No. _____

| | | | |
|---|--|--|-------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>Reynolds</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Reynolds</u> <u>0900</u> | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural -Bunker typ</u> | | c. LENGTH OF STAY (in this place) <u> yrs</u> | c. CITY OR TOWN <u>Bunker</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>H W 72 1 mi So Bunker</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| | | e. STREET ADDRESS (If rural, give location) <u>H W 72 1 Mi So. Bunker</u> | |

| | | | | |
|-------------------------------------|------------------------|--------------------------|------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Mary</u> | b. (Middle) <u>Hiley</u> | c. (Last) <u>Smith</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 27 1958</u> |
|-------------------------------------|------------------------|--------------------------|------------------------|---|

| | | | | | | | | |
|--|--|---|---|---|------------------------|-----------------------|-------|-----|
| 5. SEX <u>female</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>Junw 10 1882</u> | 9. AGE (In years last birthday) <u>75</u> | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days | Hours | Min |
| 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>X</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Dent Co MO</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u> | | | | | |

| | | |
|---------------------------------------|---|---|
| 13a. FATHER'S NAME <u>James Hiley</u> | 13b. MOTHER'S MAIDEN NAME <u>-- Bay</u> | 14. NAME OF HUSBAND OR WIFE <u>Thos M 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>X</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Weaver Gordan</u> | ADDRESS <u>St Louis Mo</u> |
|--|----------------------------------|--|----------------------------|

| | | | |
|--|--|--|--|
| 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. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Heart Disease</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral arteriosclerosis - 2 yrs</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Had one ofoplethia accident 2 or 3 yrs ago.</u> | | | |

| | | |
|------------------------|----------------------------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? <u>0</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------|----------------------------------|--|

| | | |
|--|--|--|
| 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) <u>4201</u> |
|--|--|--|

| | | |
|---|---|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|---|---|----------------------------|

22. I hereby certify that I attended the deceased from X 1958, to _____, 19____, that I last saw the deceased alive on Feb 27/58, 19____, and that death occurred at 9P m., from the causes and on the date stated above.

| | | |
|---|-------------------------------------|------------------------------------|
| 23a. SIGNATURE (Degree or title) <u>Emmett T Carter, MD (Coroner)</u> | 23b. ADDRESS <u>B. Houghton, Mo</u> | 23c. DATE SIGNED <u>March 2/58</u> |
|---|-------------------------------------|------------------------------------|

| | | | |
|---|-----------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Mar 2 1958</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Bunker Com</u> | 24d. LOCATION (City, town, or county) (State) <u>Bunker Mo</u> |
|---|-----------------------------|--|--|

| | | | |
|---|--|---|--------------------------|
| DATE REC'D BY LOCAL REG. <u>3-18-58</u> | REGISTRAR'S SIGNATURE <u>Thomas C Durdon</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> | ADDRESS <u>[Address]</u> |
|---|--|---|--------------------------|

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

9900

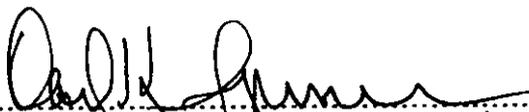
34

APR 23 1958

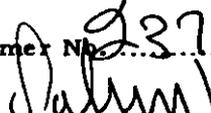
STATEMENT BY LICENSED EMBALMER

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.....


Licensed Embalmer No. 237

P. O. Address.....


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.