

Health, Welfare Public Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-013017  
FILE NUMBER

FILED MAR 24 1958

Registration District No. 369 Primary Registration District No. 6249 Registrar's No. 6

300  
1-57  
1110

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|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Wayne</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Wayne</u> <u>1110</u>              |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Benton Township</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  | c. CITY OR TOWN <u>Piedmont (Rural)</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u> Length of stay in 1b   |  | d. STREET ADDRESS (If outside, give location) <u>Highway 34 South</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |

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|--|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or print) First <u>Acenia</u> Middle <u>Bell</u> Last <u>Smith</u> |  |  | 4. DATE OF DEATH Month <u>Feb</u> Day <u>28</u> Year <u>1958</u> |  |  |
|--|--|--|--|--|--|

|                      |                               |  |                                      |   |   |   |
|----------------------|-------------------------------|--|--------------------------------------|---|---|---|
| 5. SEX <u>Female</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>Oct. 23 1870</u> | 9. AGE (In years last birthday) <u>87</u> | IF UNDER 1 YEAR Months <u>4</u> Days <u>5</u> | IF UNDER 24 HRS. Hours <u></u> Min. <u></u> |
|----------------------|-------------------------------|--|--------------------------------------|---|---|---|

|  |                                   |  |                              |
|--|-----------------------------------|--|------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) <u>Overton Tenn.   U. S. A.</u> | 12. CITIZEN OF WHAT COUNTRY? |
|--|-----------------------------------|--|------------------------------|

|                                       |   |  |
|---------------------------------------|---|--|
| 13a. FATHER'S NAME <u>Henry Trent</u> | 13b. MOTHER'S MAIDEN NAME <u>Delia D.K.</u> | 14. NAME OF HUSBAND OR WIFE <u>Alfred B. 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 Address <u>Mrs. Laura Mouzy St Louis</u> |
|---|-------------------------------------|--|

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|---|--|--|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Aortic regurgitation</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Senility</u><br>DUE TO (c) <u>nutritional anemia</u> |  | INTERVAL BETWEEN ONSET AND DEATH   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4211</u>   |  | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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|--|--|
| 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <u>None <input type="checkbox"/></u> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>None</u> |
|--|--|

|   |  |   |
|---|--|---|
| 20c. TIME OF INJURY Hour <u>None</u> Month, Day, Year a.m. p.m. <u>None</u> | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u> | 20e. CITY, TOWN, OR LOCATION COUNTY STATE <u>None</u> |
|---|--|---|

|   |  |   |
|---|--|---|
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input checked="" type="checkbox"/> <u>None</u> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u> | 20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>None</u> |
|---|--|---|

21. I attended the deceased from Feb 5 1958 to Feb 28 1958 and last saw him alive on Feb 27 1958  
Death occurred at about Feb 28 1958 m on the date stated above; and to the best of my knowledge, from the causes stated.

|   |                              |                                |
|---|------------------------------|--------------------------------|
| 22a. SIGNATURE (Signature or title) <u>Gus W. Calkins</u> | 22b. ADDRESS <u>Piedmont</u> | 22c. DATE SIGNED <u>3-5-58</u> |
|---|------------------------------|--------------------------------|

|   |                         |   |  |
|---|-------------------------|---|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>3-2-58</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Clay Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Leeper Mo</u> |
|---|-------------------------|---|--|

|   |   |   |
|---|---|---|
| 24. FUNERAL DIRECTOR ADDRESS <u>William Bodin</u> | 25. DATE RECD. BY LOCAL REG. <u>Mar. 13, 1958</u> | 26. REGISTRAR'S SIGNATURE <u>Hazel Ward</u> |
|---|---|---|

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 Coder Funeral Home, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed William Coder

Licensed Embalmer No. 3723

P. O. Address Piedmont

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.