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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-024771

STATE FILE NUMBER

FILED AUG 1 1958

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 470

1. PLACE OF DEATH
a. COUNTY Butler
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Poplar Bluff, Mo. Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Home Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Butler
c. CITY OR TOWN Poplar Bluff 0120 Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Route #2 Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Sandra Middle Bernice Last Smith

4. DATE OF DEATH Month July Day 14, Year 1958

5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Feb.20, 1958
9. AGE (In years last birthday) IF UNDER 1 YEAR Months 4 Days 24 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Poplar Bluff, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Robert R. Smith
13b. MOTHER'S MAIDEN NAME Frances Howard
14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Address Robert R.Smith, Poplar Bluff, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Asphyxiation
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) suffocation 9240 18
DUE TO (c) Was sleeping in bed with 2 other Older Children
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)
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Was sleeping in bed with 2 Older children
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 7-14-58
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home
20f. CITY, TOWN, OR LOCATION Beaver Dam Twp. COUNTY Butler STATE Mo

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 3:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Grover W Greer Coroner
22b. ADDRESS Poplar Bluff Mo
22c. DATE SIGNED 7/21-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 7-16-58
23c. NAME OF CEMETERY OR CREMATORY Cochran Cem.
23d. LOCATION (City, town, or county) (State) Butler County, Mo.

24. FUNERAL DIRECTOR ADDRESS Frank-Cotrell Poplar Bluff, Mo.
25. DATE RECD. BY LOCAL REG. 7/26/58
26. REGISTRAR'S SIGNATURE [signature]

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Charles E. Mingle

Licensed Embalmer No. 4877

P. O. Address Poplar Bluff, Mo.

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.