

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033537
STATE FILE NUMBER

FILED SEP 30 1958 Registration District No. 210 Primary Registration District No. 5772 Registrar's No. 55

5. 300
1-57

1. PLACE OF DEATH a. COUNTY Mercer		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Mercer	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Medicine Twp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Harris
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION *****		Length of stay in lb Life	d. STREET ADDRESS (If outside, give location) Medicine Twp.
3. NAME OF DECEASED (Type or print) First Middle Last Betty Jo Smith			4. DATE OF DEATH Month Day Year 9 20 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 10-25-1926
9. AGE (In years last birthday) 31	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Invalid	11. BIRTHPLACE (City and state or country) Mercer Co.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Samuel Franklin Smith		13b. MOTHER'S MAIDEN NAME Osa Grace Ellis	14. NAME OF HUSBAND OR WIFE *****
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, never unknown) (If yes, give dates of service) no	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Sam Smith Address Harris Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Septicemia			INTERVAL BETWEEN ONSET AND DEATH 2 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic osteomyelitis			10 years
DUE TO (c) 7301			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Meningomyelocele, clubbed feet			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 <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 June 1, 1954 to September 20, 1958 and last saw her alive on September 13, 1958 Death occurred at 3:15 P. m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Frank H. Zolert MD		22b. ADDRESS 210 W. Main St. Princeton, Mo.	22c. DATE SIGNED 9-22-58
23a. BURIAL, CREMATION, REQUIES (Specify) Burial	23b. DATE 9-23-1958	23c. NAME OF CEMETERY OR CREMATORY Princeton Cemetery	23d. LOCATION (City, town, or country) (State) Princeton Mo.
24. FUNERAL DIRECTOR Martin Funeral Home H. Agell		ADDRESS Princeton, Mo.	25. DATE RECD. BY LOCAL REG. 9-22-58
			26. REGISTRAR'S SIGNATURE Steel Mast

(Licensed Embalmer's Statement on Reverse Side)

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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 *H. E. Agnew*

Licensed Embalmer No. *5020*

P. O. Address *Princeton, Ill.*

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.