Health, & Welfare Public Service

S. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-035692
STATE FILE NUMBER

FILED NOV 5 1958 Registration District No. 49 Primary Registration District No. 5174 Registrar's No. 14

1. PLACE OF DEATH
a. COUNTY CAMDEN
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ADAIR Township — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) — Length of stay in 1b YEARS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY CAMDEN
c. CITY OR TOWN Adair (Township) — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 0150 0 7½ Miles S.E. Climax Springs — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First NELLIE Middle GERTRUDE Last Smith

4. DATE OF DEATH Month Oct Day 24 Year 1958

5. SEX Female 1
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐
8. DATE OF BIRTH Oct 18, 1883
9. AGE (In years last birthday) 75 — IF UNDER 1 YEAR Months 0 Days 6 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home.
11. BIRTHPLACE (City and state or country) ~~Oct 18, 1883~~ UNKNOWN 9
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME James Grainger
13b. MOTHER'S MAIDEN NAME Laura Starkey
14. NAME OF HUSBAND OR WIFE deceased

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT Harry Smith Address Climax Springs, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Malignancy of Generative Organs — Months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c) 1769
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 ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Oct 9, 1958, to Oct 24, 1958 and last saw her/him alive on Oct 19, 1958
Death occurred at 7:00 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. Worling Bereman 2 D.O.
22b. ADDRESS Climax Springs, Mo
22c. DATE SIGNED Oct 25, 58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Oct 26, 1958
23c. NAME OF CEMETERY OR CREMATORY Grainger Cemetery
23d. LOCATION (City, town, or county) (State) Camden Co, Mo

24. FUNERAL DIRECTOR John F Reser ADDRESS Warsaw
25. DATE RECD. BY LOCAL REG. Oct 27-1958
26. REGISTRAR'S SIGNATURE Alda Eldred

(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 John F. Reser

Licensed Embalmer No. 5098

P. O. Address Warsaw

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.