

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-043046  
STATE FILE NUMBER

NOV 19 1958 Registration District No. 354 Primary Registration District No. 6199 Registrar's No. 76

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Texas</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Texas</b>	
b. CITY OR TOWN <b>Clinton twp.</b>		c. CITY OR TOWN <b>Burd Clinton twp.</b>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Rt. 2, Cabool</b>		d. STREET ADDRESS <b>6 miles NW Cabool</b>	
Length of stay in lb <b>8 yrs.</b>		Reside on Farm <b>Yes</b> <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>CORA</b> Middle <b>FLORENCE</b> Last <b>SMITH</b>			4. DATE OF DEATH Month <b>Nov.</b> Day <b>5</b> Year <b>1958</b>		
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5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>May 29, 1875</b>	9. AGE (In years last birthday) <b>83</b>	IF UNDER 1 YEAR Months <b>8</b> Days <b>24</b>	IF UNDER 24 HRS. Hours <b>24</b> Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Livingston Co., Ill.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Thomas J. Pearson</b>	13b. MOTHER'S MAIDEN NAME <b>Mary E. Potter</b>	14. NAME OF HUSBAND OR WIFE <b>Arthur Smith, deceased</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT Address <b>Florence Voyard, Cabool, Mo.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Bronchial Pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 1/2 hrs.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Pulmonary Edema</b>	
	DUE TO (c) <b>Myocardial Insufficiency</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4222</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)
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20c. TIME OF INJURY Hour <b>9:35</b> Month <b>Nov</b> Day <b>5</b> Year <b>58</b> 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 <b>Clinton, Texas</b>	COUNTY <b>Texas</b> STATE <b>Texas</b>
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21. I attended the deceased from <b>Nov 5, 58</b> to <b>Nov 5, 58</b> and last saw <b>her</b> alive on <b>Nov 5, 58</b> Death occurred at <b>9:35</b> <b>P</b> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <b>Richard E. Mitchem D.O.</b>	22b. ADDRESS <b>Mill Grove, Mo</b>	22c. DATE SIGNED <b>11-8-58</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>11-9-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Greenwood Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Texas County, Missouri</b>
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24. FUNERAL DIRECTOR ADDRESS <b>Elliott-Gentry, Cabool, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>11-10-58</b>	26. REGISTRAR'S SIGNATURE <b>Raynell Cunningham</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

DEC 5 1958  
FEB 26 1959

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 *James L. Henty* .....  
Licensed Embalmer No. *4718* .....  
P. O. Address *Calcool, Md.* .....

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.