Health, & Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-004128
STATE FILE NUMBER

FEB 6 1959

Registration District No. 328 Primary Registration District No. 6112 Registrar's No. 8

1. PLACE OF DEATH
a. COUNTY Scott
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Rural Kelso Twp — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 2 Mi W of Kelso — Length of stay in 1b 8 MOS.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Scott
c. CITY OR TOWN Kelso Twp 1 000 c — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 2 Mi S. of Fornfelt — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First ORA Middle BEATRICE Last SMITH
4. DATE OF DEATH Month Day Year Jan 27, 1959
5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH Jan 30, 1892
9. AGE (In years last birthday) 66 — IF UNDER 1 YEAR Months Days — 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 Farming
11. BIRTHPLACE (City and state or country) Olive Branch Ill
12. CITIZEN OF WHAT COUNTRY? USA.
13a. FATHER'S NAME Joseph Raines
13b. MOTHER'S MAIDEN NAME Susan Angeline Teel
14. NAME OF HUSBAND OR WIFE Campbell R. Smith
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. 495-42-2823
17. INFORMANT Mrs Edw Martin — Address Rte 1 Illmo, 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) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis — NOT KNOWN
DUE TO (c) — —
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) — 4201
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 1-27-59 to 1-27-59 and last saw her/him alive on NEVER
Death occurred at 1:25 PM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) L. D. Howlett D.O. 2
22b. ADDRESS
22c. DATE SIGNED 1-30-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 1-29-59
23c. NAME OF CEMETERY OR CREMATORY Lightner Cemetery
23d. LOCATION (City, town, or county) (State) Illmo Missouri

24. FUNERAL DIRECTOR Bispling Hoff Funeral Home — ADDRESS Illmo Mo
25. DATE RECD. BY LOCAL REG. Jan 31-59
26. REGISTRAR'S SIGNATURE Mrs Fred Bispling Hoff

(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 Oliver C Amm[illegible]

Licensed Embalmer No. 4470

P. O. Address Illma, Ne[illegible]

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.