Health, Welfare Public Service

300 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-006343

STATE FILE NUMBER

MAR 11 1959 Registration District No. 195 Primary Registration District No. Registrar's No. 21-59

1. PLACE OF DEATH
a. COUNTY McDonald
b. CITY OR TOWN Southwest City — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION at home — Length of stay in 1b 66 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY McDonald
c. CITY OR TOWN Southwest City — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First Ada Middle Belle Last Smith

4. DATE OF DEATH Month Feb. Day 23 Year 1959

5. SEX female

6. COLOR OR RACE white

7. MARRIED [ ] **NEVER MARRIED** [ ] **WIDOWED** [X] **DIVORCED** [ ]

8. DATE OF BIRTH Feb. 20 1871

9. AGE (In years last birthday) 88 — 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

11. BIRTHPLACE (City and state or country) Verona, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Vermillion

13b. MOTHER'S MAIDEN NAME Mary Smith

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) none

16. SOCIAL SECURITY NO. none

17. INFORMANT Mildred Moore — Address Southwest City, Mo.

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.

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) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertensive Vascular Disease — 10 yrs.
DUE TO (c) Cerebral Hemorrhage — 5 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Recurrent Pyelonephritis 443x

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.)

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 12-19-58, to 2-23-59 and last saw her alive on 2-23-59. Death occurred at 10:43 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R. Warnack M.D. (Degree or title)

22b. ADDRESS Southwest City Mo.

22c. DATE SIGNED 3-5-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 2-26-1959

23c. NAME OF CEMETERY OR CREMATORY Southwest City Cemetery

23d. LOCATION (City, town, or county) Southwest City, Mo. (State)

24. FUNERAL DIRECTOR Humphrey & Son — **ADDRESS** Noel, Missouri

25. DATE RECD. BY LOCAL REG. March 6, 1959

26. REGISTRAR'S SIGNATURE Mary A. Bradley

(Licensed Embalmer's Statement on Reverse Side)

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 [illegible]

Licensed Embalmer No. 49602

P. O. Address [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.