Health, & Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-010535
STATE FILE NUMBER

FILED APR 15 1959 Registration District No. 297 Primary Registration District No. 3057 Registrar's No. 51

1. PLACE OF DEATH
a. COUNTY Ray
b. CITY OR TOWN Richmond — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Maple Street — Length of stay in 1b: 15 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Ray
c. CITY OR TOWN Richmond 0891 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) Maple Street — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First HAZEL Middle MAY Last SMITH

4. DATE OF DEATH Month March Day 31 Year 1959

5. SEX Male 3

6. COLOR OR RACE Negro

7. MARRIED [ ] **NEVER MARRIED** [ ] **WIDOWED** [X] 2 **DIVORCED** [ ]

8. DATE OF BIRTH May 9, 1892

9. AGE (In years last birthday) 66 — IF UNDER 1 YEAR: Months 10 Days 22 — 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) Kingston, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Moree

13b. MOTHER'S MAIDEN NAME Nellie Douglas

14. NAME OF HUSBAND OR WIFE James M. 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.

17. INFORMANT Address Mrs. Nellie Martin, Richmond, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis — unknown
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Tabes dorsalis 332XB

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 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 June 14, 1948, to March 31, '59 and last saw her alive on March 30, 1959
Death occurred at 1:15 a. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] MD **22b. ADDRESS** Richmond, Mo. **22c. DATE SIGNED** 4/3/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial **23b. DATE** April 3, 1959 **23c. NAME OF CEMETERY OR CREMATORY** Kingstom Cemetery **23d. LOCATION** (City, town, or county) Kingston, Missouri (State)

24. FUNERAL DIRECTOR Thomas J. Carter **ADDRESS** Richmond, Mo.

25. DATE RECD. BY LOCAL REG. 4-8-1959

26. REGISTRAR'S SIGNATURE Maud Jackson

(Licensed Embalmer's Statement on Reverse Side)

Coroner, Coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

MAY 5 1959

NOV 1 1960

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 Thomas J. Carter

Licensed Embalmer No. 4474

P. O. Address Richmond, Mo.

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.