

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-011937

STATE FILE NUMBER

FILED MAR 23 1959 Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 46

300
1-57

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Marshall <i>0973</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION at home		Length of stay in lb 25yrs.	d. STREET ADDRESS (If outside, give location) 452 S. Conway Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Nannie Middle Smith Last Smith			4. DATE OF DEATH Month March Day 14 Year 59		
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5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 12, 1895	9. AGE (In years last birthday) about 64	IF UNDER 1 YEAR Months 6 Days 0 Hours 0 Min. 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper	10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (City and state or country) Union Hill, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Walker Ellis	13b. MOTHER'S MAIDEN NAME Belle Ellis	14. NAME OF HUSBAND George Smith, Marshall, Mo.
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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) no.	16. SOCIAL SECURITY NO. none	17. INFORMANT George H. Smith, Marshall, Missouri	Address
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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) Septicemia		INTERVAL BETWEEN ONSET AND DEATH 2-3 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Cellulitis Rt Foot		1 month
	DUE TO (c) arterial Sclerosis		4501 7 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) It is my opinion - virus related gonorrhea		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 11.45a. Month, Day, Year	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 Marshall, Mo	COUNTY Saline	STATE Missouri
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21. I attended the deceased from Death occurred at Jan 12, 1959 to March 1959 and last saw her alive on March 5, 1959 11.45a. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Maura E. Hoeker M.D. (Degree or title)	22b. ADDRESS Marshall, Mo	22c. DATE SIGNED 3/17/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Buried	23b. DATE 3/19/59	23c. NAME OF CEMETERY OR CREMATORY Union Hill Cemetery	23d. LOCATION (City, town, or county) (State) N.E. Saline County, Missouri
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24. FUNERAL DIRECTOR Ernest H. Beal Marshall, Mo ADDRESS	25. DATE RECD. BY LOCAL REG. 3-18-59	26. REGISTRAR'S SIGNATURE Cecil L. Read
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(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

OCT 19 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 *George T. Allen*

Licensed Embalmer No. *4220*

P. O. Address *Muskell, Ia.*

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.