

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-018439

STATE FILE NUMBER

FILED JUN 10 1959 Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 165167

1. PLACE OF DEATH a. COUNTY <b>Marion</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Ralls,</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN <b>Hannibal, Missouri.</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Center, Missouri.</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Levering Hospital 2Dys</b> Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <b>Center, Mo.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>MALIA</b> Middle <b>SMITH</b> Last <b>RICE.</b>			4. DATE OF DEATH Month <b>May</b> Day <b>25</b> Year <b>1959</b>
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>July 28, 1874</b>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		9b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	9c. AGE (In years last birthday) <b>85</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	10c. AGE (In years last birthday) <b>85</b>
11. BIRTHPLACE (City and state or country) <b>Ralls Co, Missouri.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Jeremiah Smith</b>		14. MOTHER'S MAIDEN NAME <b>Susan Howard.</b>	
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 <b>Dorothy Sue Rice.</b> Address <b>Center, Missouri.</b>
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>Exhaustion from slip fracture</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Cerebral Hemorrhage</b>			INTERVAL BETWEEN ONSET AND DEATH <b>9049 15-37</b>
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.)		
20c. TIME OF INJURY Hour _____ a. m. _____ p. m.	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. I attended the deceased from <b>5-24-59</b> to <b>5-25-59</b> and last saw her alive on <b>5-25-59</b> . Death occurred at <b>9:30 A.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>W.P. Perry</b> (Degree or title) <b>M.D.</b>		22b. ADDRESS <b>Hannibal, Missouri.</b>	22c. DATE SIGNED <b>5-26-59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <b>5-27-1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Olivet Cemetery.</b>	23d. LOCATION (City, town, or county) (State) <b>Center, Missouri.</b>
24. FUNERAL DIRECTOR <b>Clyde E. Perry, Mo.</b> ADDRESS	25. DATE RECD. BY LOCAL REG. <b>6-3-59</b>	26. REGISTRAR'S SIGNATURE <b>Dr. E.M. Lucke By W.P. Perry</b>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

with, welfare, public, office, 000, 56, Director, Coroner, etc. must be used only when a coroner is present. Coroner must be casually related. Coroner cannot certify to a death due to natural causes. diseases in Part 4 must be casually related.

PAIR FILED

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 *Clyde Mickey* Licensed Embalmer No. .... 3

P. O. Address *Perry, N*

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.