

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018678

STATE FILE NUMBER

FILED MAY 27 1959 Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 87

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rolla		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Rolla
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Phelps County INSTITUTION Mem. Hospital		Length of stay in 1b 3 days	STREET ADDRESS (If outside, give location) 13 Rolla Gardens
3. NAME OF DECEASED (Type or print) First Middle Last GRACE MARY SMITH		4. DATE OF DEATH Month Day Year May 23, 1959	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 19, 1900
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None	9. AGE (In years last birthday) 59
11. BIRTHPLACE (City and state or country) Steelville, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Samuel J. Harmon		13b. MOTHER'S MAIDEN NAME Jennie Smith	14. NAME OF HUSBAND OR WIFE Finis E. Smith
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. 495-34-7791	17. INFORMANT Finis E. Smith
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> DUE TO (b) <u>Hypertension</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331X		INTERVAL BETWEEN ONSET AND DEATH 3 days 2 yrs -	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year 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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE _____	
21. I attended the deceased from <u>May 20, 59</u> to <u>May 23</u> and last saw her alive on <u>May 27, 59</u> Death occurred at <u>2 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>R. Sticker, M.D.</u> (Degree or title)		22b. ADDRESS <u>Rolla, Mo.</u>	
22c. DATE SIGNED <u>5-23-59</u>			
23a. BURIAL CREMATION, REMOVAL (Specify) Burial		23b. DATE May 24, 1959	23c. NAME OF CEMETERY OR CREMATORY Rolla Cemetery
		23d. LOCATION (City, town, or county) (State) Rolla, Missouri	
24. FUNERAL DIRECTOR Null & Sons Funeral Home By <u>Paul E. Null</u>		25. DATE RECD. BY LOCAL REG. May 23, 1959	26. REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

AUG 24 1958

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 Paul E. Null

Licensed Embalmer No. 4498

P. O. Address Rolls, 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.