

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-018832  
STATE FILE NUMBER

FILED JUN 15 1959 Registration District No. 364 Primary Registration District No. Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <b>St. Charles</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Audrain</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Dardenne (Twp)</b>		c. CITY OR TOWN <b>Mexico</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Hwy 40-61</b>		d. STREET ADDRESS (If outside, give location) <b>1408 S. Morris</b>	
3. NAME OF DECEASED (Type or print) First <b>Margaret</b> Middle <b>ELLEN</b> Last <b>SMITH</b>		4. DATE OF DEATH Month <b>June</b> Day <b>7</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 checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>May 7, 1956</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>child</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>3</b>
11. BIRTHPLACE (City and state or country) <b>Mexico, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>John Melvin Smith</b>		13b. MOTHER'S MAIDEN NAME <b>Mildred A Vomund</b>	
14. NAME OF HUSBAND OR WIFE		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 Address <b>Choate Smith, Perry, 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>Mutiple injuries</b>  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>m Two car Auto accident</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)			INTERVAL BETWEEN ONSET AND DEATH <b>instant</b>
20a. ACCIDENT <input checked="" 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.) <b>Car trying to pass in no passing zone</b>	
20c. TIME OF INJURY Hour <b>6-7-59</b> a.m. <b>12-40 P.M.</b> p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway 40-61</b>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>Near Wentzville St. Charles Mo</b>	
21. <del>Death occurred at</del> <b>I held inquest to June, 10-59</b> and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Marie Muehling Crowe</b>		22b. ADDRESS <b>Wentzville Mo June 10-59</b>	
22c. DATE SIGNED <b>June 10, 1959</b>		22d. LOCATION (City, town, or county) (State) <b>Martinsburg, Missouri</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		23b. DATE <b>June 10, 1959</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>St. Joseph</b>		23d. LOCATION (City, town, or county) (State) <b>Martinsburg, Missouri</b>	
24. FUNERAL DIRECTOR <b>W.B. Wells</b>		25. DATE RECD. BY LOCAL REG. <b>6-18-1959</b>	
ADDRESS <b>Wellsville, Mo.</b>		26. REGISTRAR'S SIGNATURE <b>Ed Kelley</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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JUL 15 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 *Clarence M. Bills*  
Licensed Embalmer No. *4375*  
P. O. Address *St. Louis 23, 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.