

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-020076  
STATE FILE NUMBER

FILED JUN 8 1959 Registration District No. 324 Primary Registration District No. 6093 Registrar's No. 89

S. 300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Saline</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Saline</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Saline</b>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Saline County Home, 18yr.</b>		Length of stay in lb <b>18yr.</b>	d. STREET ADDRESS <b>unknown</b>

3. NAME OF DECEASED (Type or print) First Middle Last <b>Bird (Davis) Smith</b>			4. DATE OF DEATH Month Day Year <b>May 28th, 59</b>		
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> 9. WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>unknown About-70</b>	9. AGE (In years last birthday) <b>About-70</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 H
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>unknown</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>unknown</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A</b>
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13a. FATHER'S NAME <b>Unknown</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Unknown</b>
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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)	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT Address <b>Marie Colder, Sedalia, Missouri</b>
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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) <b>Arteriosclerosis heart Condition</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10 years</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)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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 _____ a.m. _____ p.m.	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 COUNTY STATE
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21. I attended the deceased from <b>1956</b> , to <b>1959</b> and last saw her alive on <b>May 27 - 1959</b> Death occurred at <b>4:38p;</b> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <b>C. L. Lawless M.D.</b> (Degree or title)	22b. ADDRESS <b>Marshall Mo.</b>	22c. DATE SIGNED <b>6-1-59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>June 1, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Saline County Farm</b>	23d. LOCATION (City, town, or county) (State) <b>Saline County, Missouri</b>
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24. FUNERAL DIRECTOR ADDRESS <b>Hayet H. Green, Marshall Mo.</b>	DATE RECD. BY LOCAL REG. <b>6-1-59</b>	25. REGISTRAR'S SIGNATURE <b>Carl J. Read</b>
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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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

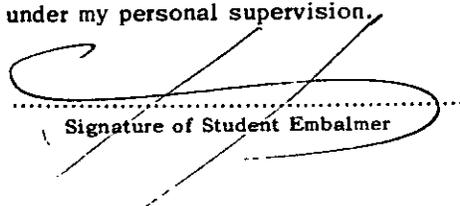
MEDICAL CERTIFICATION

240

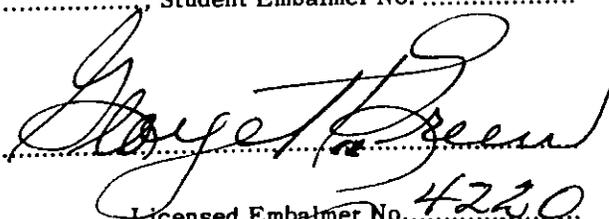
STATEMENT BY LICENSED EMBALMER

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

  
Licensed Embalmer No. 4220  
P. O. Address Marshall

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.