DURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

'59 045133

FILED VS DEC 29 1959

Registration District No. 310 Primary Registration District No. 3068 Registrar's No. 304 STATE FILE NUMBER

MENDED

1. PLACE OF DEATH a. COUNTY: St Charles	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY: St Charles
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St Charles — Length of stay in 1b: 1 mo.	c. CITY OR TOWN: St Charles — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St Charles Nursing Hm — Inside Limits: Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location): Rural Rt 1 — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Emma Middle: Last: Smart	4. DATE OF DEATH Month Day Year: Dec. 19 1959		
5. SEX: Female	6. COLOR OR RACE: White	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH: Feb. 4 1889
9. AGE (last birthday): 70	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HR: Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Keeper	10b. KIND OF BUSINESS OR INDUSTRY: Home	11. BIRTHPLACE (City and state or country): St Charles Co. Mo	12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Daniel Hash	13b. MOTHER'S MAIDEN NAME: Cecelia Rock	14. NAME OF HUSBAND OR WIFE: Clyde E. Smart	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: A-651753	17. INFORMANT Address: Clyde E. Smart St Charles Mo	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Congestion Heart Failure	2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Emphysema	10 yrs
DUE TO (c)	Chronic Asthma & Arteriosclerosis	?

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Sept 10, 1959 to Dec 19, 1959 and last saw her alive on Dec 18, 1959

Death occurred at 10 am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): J M Jay [illegible]	22b. ADDRESS: St Charles Mo	22c. DATE SIGNED: Dec. 21, 1959
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 12/21/59	23c. NAME OF CEMETERY OR CREMATORY: Oak Grove Cemetery
23d. LOCATION (City, town, or county) (State): St Charles Mo		
24. FUNERAL DIRECTOR ADDRESS: Arthur C Baue St Charles Mo	25. DATE RECD. BY LOCAL REG.: Dec 22-59	26. REGISTRAR'S SIGNATURE: Marcella Wilson

BY AFFIDAVIT OF DOCUMENT

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed David C. Baue

Signature of Student Embalmer

Licensed Embalmer No. 5060

P. O. Address St. Chas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.