

# SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-012536

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 87 Primary Registration District No. 30a Registrar's No. 53

1. PLACE OF DEATH a. COUNTY <b>Bates</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Bates</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Butler, Mo.</b>		Length of stay in 1b <b>2 weeks</b>	c. CITY OR TOWN <b>Butler, Mo.</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Bates Co. Hosp.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>514 West Ft. Scott</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Livesay</b> Middle <b>Sallie</b> Last <b>Smith</b>			4. DATE OF DEATH <b>May 1, 1961</b>		
5. SEX <b>female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11-8-1873</b>	9. AGE (last birthday) <b>87</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Homemaker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>	11. BIRTHPLACE (City and state or country) <b>Lafayette Co. Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>John E. Arnold</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret Allen</b>		14. NAME OF HUSBAND OR WIFE <b>Jesse E. Smith</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>Jesse E. Smith</b> Address <b>Butler, Mo.</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>generalized Broncho-Pneumia</b>					INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b>
DUE TO (b) <b>Cerebral haemorrhage</b>					<b>2 wks.</b>
DUE TO (c) <b>Arterio Sclerosis Cerebral</b>					<b>10 yrs.</b>
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)	
20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year				
20d. INJURY OCCURRED WHILE AT WORK <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 <b>Butler, Mo.</b>		COUNTY	STATE
21. I attended the deceased from <b>May 2, 1961</b> to <b>May 5, 1961</b> and last saw her <b>alive on May 1, 1961</b> Death occurred at <b>9:15 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Carter H. Ruter M.D.</b>			22b. ADDRESS <b>Butler Mo</b>		22c. DATE SIGNED <b>5/3/61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>5-3-61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oakhill</b>		23d. LOCATION (City, town, or county) (State) <b>Butler, Mo.</b>	
24. FUNERAL DIRECTOR <b>Culver Underwood</b>		ADDRESS <b>Butler, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>May 6-1961</b>	26. REGISTRAR'S SIGNATURE <i>Kendall K...</i>

DATE AMENDED

6/12/61  
6/12/61

INSTEAD OF

Sallie Smith  
May 3, 1961

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

3 Sallie Livesay Smith  
to May 1, 1961 & May 1, '61

BY AFFIDAVIT OF Attendant: Informant

MAY 19 1961

DEC 19 1962

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 Robert S. Steinhilber

Licensed Embalmer No. 4657

P. O. Address Butler, Pa.

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.