

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-021743

STATE FILE NUMBER

Registration District No. 164 Primary Registration District No. 3037 Registrar's No. 77

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

FILED JUL 5 1961

1. PLACE OF DEATH
a. COUNTY Johnson,
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warrensburg, Length of stay in 1b 3 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Warrensburg Medical Center, Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Johnson
c. CITY OR TOWN Rural, Warrensburg, #2, Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) R.R. No.2, Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
LORETTA ANN SMITH June 24th. 1961

5. SEX Female 6. COLOR OR RACE Colored 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH May 24, 61 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR
1 Months 1 Days 0 Hours 0 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child, 10b. KIND OF BUSINESS OR INDUSTRY none 11. BIRTHPLACE (City and state or country) Warrensburg, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Henry Reed 13b. MOTHER'S MAIDEN NAME Ella Mae Smith 14. NAME OF HUSBAND OR WIFE none

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. none 17. INFORMANT Address Ella Mae Smith, Warrensburg, R.R.2, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bronchial Pneumonia INTERVAL BETWEEN ONSET AND DEATH 2 days
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)
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 May 24th, 1961 to June 24th, 61 and last saw him/her alive on The 24th, June, 61
Death occurred at 5:20 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Degree or title) M.D. 22b. ADDRESS Warrensburg, Missouri 22c. DATE SIGNED 6-24-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 6-25-61 23c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery, 23d. LOCATION (City, town, or county) (State) R.R.2, Warrensburg, Missouri

24. FUNERAL DIRECTOR ADDRESS The Brauningers, Warrensburg, Mo. 25. DATE RECD. BY LOCAL REG. June 26, 1961 26. REGISTRAR'S SIGNATURE Savannah Butchfield

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 RAV Branninger

Licensed Embalmer No. 3377

P. O. Address Warrensburg

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.