

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-036169

STATE FILE NUMBER

AMENDED

REGISTERED OCT 16 1961

Primary Registration District No. 3010

Registrar's No. 404

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau		Length of stay in 1b 1 week	c. CITY OR TOWN Jackson Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 424 No. High Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Carrie Middle May Last Smothers			4. DATE OF DEATH Month October Day 4 Year 1961
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 5/14/1898
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operator of a Nursing Home		10b. KIND OF BUSINESS OR INDUSTRY Greenbriar, Mo.	9. AGE (last birthday) 63 IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
11. BIRTHPLACE (City and state or country) U.S.A.		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME Jessie F. Kern		13b. MOTHER'S MAIDEN NAME Ida Fowler	
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.	
17. INFORMANT Lorene Crawford-St. Louis, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conjunctive heart failure DUE TO (b) Arteriosclerotic heart disease DUE TO (c) Coronary artery atherosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition (in PART I). diabetes mellitus, essential hypertension, multiple pulmonary emboli, deafness			INTERVAL BETWEEN ONSET AND DEATH 1 month unk. unk
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.)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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 COUNTY STATE	
21. I attended the deceased from Sept. 26, 1961 to death and last saw her alive on Oct 3, 1961 Death occurred at 3:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Jean O. Chapman M.D. (Degree or title)		22b. ADDRESS 1907 Broadway Cape Girardeau	
22c. DATE SIGNED 7 Oct 61		22d. (Age)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10/06/1961	
23c. NAME OF CEMETERY OR CREMATORY Lorimier Cemetery		23d. LOCATION (City, town, or county) Cape Girardeau, Mo.	
24. FUNERAL DIRECTOR L. L. Haman-Cape Girardeau, Mo.		25. DATE RECD. BY LOCAL REG. 10-9-61	
ADDRESS		26. REGISTRAR'S SIGNATURE Lorene Kasten	

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 Howard L. Haman

Licensed Embalmer No. 4122

P. O. Address Cape Girardeau, 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.