

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-019743

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 254 Primary Registration District No. 4326 Registrar's No. 22

STATE FILE NUMBER

VS 300
Rev. 4/59

10750
20750

3

4 1

5 2

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7 1

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9 4200

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11

126-0

133-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

FILLED MAY 31 1962

1. COUNTY **Oregon** Length of stay in lb **60 year**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY **Oregon**

c. CITY OR TOWN **Thayer** Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) **Rest Home** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **Dora** Middle **Smith** Last **Smith**

4. DATE OF DEATH Month **May** Day **7** Year **1962**

5. SEX **female** 6. COLOR OR RACE **white** 7. Married Never Married Widowed Divorced

8. DATE OF BIRTH **11-25-1863** 9. AGE (last birthday) **98**

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) **domestic**

10b. KIND OF BUSINESS OR INDUSTRY **housewife**

11. BIRTHPLACE (City and state or country) **Sharp Co., Arkansas**

12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **James Harve Gunn** 13b. MOTHER'S MAIDEN NAME **Dora Gunn** 14. NAME OF HUSBAND OR WIFE **Jim Smith (deceased)**

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 **Harve Smith, Thayer, Missouri** Address

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

PART I. IMMEDIATE CAUSE (a) **Arteriosclerotic Heart Disease**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **hypertension**

DUE TO (c) **Stroke**

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 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 **Thayer** COUNTY **Missouri** STATE **Missouri**

21. I attended the deceased from **1:00 A.** to **May 7 1962** and last saw her **May 2 1962** alive on **May 2 1962**

Death occurred at **1:00 A.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **[Signature]** (Degree or title) **MD** 22b. ADDRESS **Thayer, Missouri** 22c. DATE SIGNED **May 1962**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **5-9-1962** 23c. NAME OF CEMETERY OR CREMATORY **Two Mile Cemetery** 23d. LOCATION (City, town, or county) **Thayer, Missouri** (State)

24. FUNERAL DIRECTOR **Carter Funeral Home, Thayer, Mo.** ADDRESS **5-27-62** 25. DATE RECD. BY LOCAL REG. **5-27-62** 26. REGISTRAR'S SIGNATURE **[Signature]**

USE BLACK INK OR TYPEWRITER RIBBON

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And permit

STATE OF TEXAS
DEPARTMENT OF HEALTH
BUREAU OF HEALTH SERVICES
HEALTH CARE SERVICES DIVISION
EMBALMENT PERMIT
No. 0001-1-11
ISSUED TO
Name
Address
City
State
Zip

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 *Richard Carter*

Licensed Embalmer No. 4516

P. O. Address *West Plains 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.