

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-021612

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 326 Primary Registration District No. \_\_\_\_\_ Registrar's No. 79

**FILED JUN 11 1962**

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>Scotland</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Scotland</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Memphis</b>		Length of stay in 1b <b>4 years</b>	c. CITY OR TOWN <b>Memphis</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>418 Grand Ave.</b>
3. NAME OF DECEASED (Type or print) First <b>Zora</b> Middle <b>Elois</b> Last <b>Smith</b>		4. DATE OF DEATH Month <b>May</b> Day <b>31</b> Year <b>1962</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12/6/1880</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <b>81</b>
11a. BIRTHPLACE (City and state or country) <b>Scotland County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Marion L. St. Clair</b>		13b. MOTHER'S MAIDEN NAME <b>Nancy Dunbar</b>	
14. NAME OF HUSBAND OR WIFE <b>Chas C. 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>no</b>		17. INFORMANT <b>Al Smith, Memphis, Missouri</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>Carcinoma of kidney</b> DUE TO (b) <b>Post operative</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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.)	
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 <b>Jan 16<sup>th</sup> 62</b> to <b>May 31-62</b> and last saw her <b>alive</b> on <b>May 31<sup>st</sup> 1962</b> Death occurred at <b>8:00 P.M. 1962</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>E. E. Summons D.O.</b>		22b. ADDRESS <b>Memphis Mo</b>	
22c. DATE SIGNED <b>6/1/62</b>		23. LOCATION (City, town, or county) (State) <b>Scotland Co., Mo.</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <b>June 3, 1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>McGrady Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Scotland Co., Mo.</b>
24. FUNERAL DIRECTOR <b>GERTH &amp; BASKETT MEMPHIS, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>June 4-62</b>	
26. REGISTRAR'S SIGNATURE <b>Vera B. Turner</b>			

**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 George Genth

Licensed Embalmer No. 5091

P. O. Address Memphis 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.