

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-031991

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 316

FILED SEP 4 1962

1. PLACE OF DEATH
 a. COUNTY Pettis
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cedar Township Length of stay in 1b 5 months
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Buena Vista Home Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Pettis
 c. CITY OR TOWN Sedalia Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 302 1/2 W. 3rd St. Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
LILLIAN MAY SMITH August 27, 1962

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 11-15-1875 9. AGE (last birthday) 86 IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Homemaker 11. BIRTHPLACE (City and state or country) Johnson County, Mo. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME P. G. Garrett 13b. MOTHER'S MAIDEN NAME Mary Lou Russell 14. NAME OF HUSBAND OR WIFE Charles O. Smith

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. not given 17. INFORMANT Mrs. Andy Yeager Address Rural Route - Sedalia, 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) Cancer of the Sigmoid Colon INTERVAL BETWEEN ONSET AND DEATH
 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 4-17-62 to 8-27-62 and last saw her alive on 8-14-62
 Death occurred at 12:30 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (If see or title) Karl B. Gonserv MD 22b. ADDRESS 101 1/2 S. Ohio Sedalia, Mo. 22c. DATE SIGNED 8-28-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Aug. 29, 1962 23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery 23d. LOCATION (City, town, or county) Sedalia, Missouri (State)

24. FUNERAL DIRECTOR D.W. Heckart, Gillespie Funeral Home ADDRESS Sedalia, Mo. 25. DATE RECD. BY LOCAL REG. Aug 29, 1962 26. REGISTRAR'S SIGNATURE Nancy Anderson, Deputy

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS (INSTEAD OF) (SHOULD READ)

DATE AMENDED (BY AFFIDAVIT OF) MEDICAL CERTIFICATION DOCUMENT

VS 300 Rev. 4/59
 8800
 20808
 3
 4 1
 5 2
 6
 7 0
 8 2
 9 153.3
 10
 11
 12 276-0
 13 1-0

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 John R. Farman

Licensed Embalmer No. 5173

P. O. Address Sedalia 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.