

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-039719
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 211

FILED NOV 13 1962

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Phelps</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Rolla</u>		Length of stay in 1b	c. CITY OR TOWN <u>Rt 2 Rolla</u>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Phelps County Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Rt 2 Rolla</u>

3. NAME OF DECEASED (Type or print) First <u>Cora</u> Middle <u>DAVIS</u> Last <u>Smith</u>			4. DATE OF DEATH Month <u>Nov</u> Day <u>2</u> Year <u>1962</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>MARCH 12, 1882</u>	9. AGE (last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>14</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (City and state or country) <u>CAINSVILLE MO</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>		13a. FATHER'S NAME <u>Alex Holt</u>		13b. MOTHER'S MAIDEN NAME <u>UNK-Turner</u>	
14. NAME OF HUSBAND OR WIFE <u>J. FRANK Smith</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>	
17. INFORMANT <u>J FRANK Smith</u>		Address <u>Rt 2 Rolla</u>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>
IMMEDIATE CAUSE (a) <u>Coronary occlusion</u>		
DUE TO (b) <u>degenerative heart disease ?</u>		
DUE TO (c) <u>Arteriosclerosis</u>		<u>10yrs</u>
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 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 6-22-54 to 11-2-62 and last saw her live on 11-2-62
Death occurred at 6:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>[Signature]</u>	(Degree or title) <u>MO</u>	22b. ADDRESS <u>Rolla Mo</u>	22c. DATE SIGNED <u>11-5-62</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>Nov 5, 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Newburg Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Newburg Mo.</u>
24. FUNERAL DIRECTOR <u>Lee Johnson</u>	ADDRESS <u>Newburg, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>Nov. 5, 1962</u>	26. REGISTRAR'S SIGNATURE <u>Nadene L. Stoll</u>

VS 300
Rev. 4/59

1	<u>0817</u>
2	<u>0810</u>
3	<u>1</u>
4	<u>1</u>
5	<u>1</u>
6	
7	<u>0</u>
8	<u>2</u>
9	<u>420.1</u>
10	
11	
12	<u>1-0</u>
13	<u>1-0</u>

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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 W. L. Stewart

Licensed Embalmer No. 5043

P. O. Address Newburg, 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.