MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-047436

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

0499
0499 2
3
4 1
5 2
6
7 1
8 1
9 5501H
10
11
12 3-0
13 2-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 12

FILED JAN 11 1963

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Johns
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Jasper
c. CITY OR TOWN Joplin
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 1106 West 6th St (If outside, give location)
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Mrs Sarah D. Middle Smith Last
4. DATE OF DEATH Month 12 Day 25 Year 62
5. SEX Female
6. COLOR OR RACE White
7. Married ☐, Never Married ☐, Widowed ☒, Divorced ☐
8. DATE OF BIRTH 2-25-1888
9. AGE (last birthday) 74
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) None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Ky
12. CITIZEN OF WHAT COUNTRY
13a. FATHER'S NAME John Riddle
13b. MOTHER'S MAIDEN NAME Esther Price
14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs Willie Jennings Address 1114 MS NW Miami Okla

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Appendicitis with rupture + peritonitis 1 week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
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 (1) Arteriosclerotic Heart Disease (2) Pelvic Cyst (? ovarian) (3) Carcinoma of Cervix, Treated

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 June 29, 1951, to Dec 25, 1962 and last saw her alive on Dec 25, 1962
Death occurred at 8:30 am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Robert Koller (Degree or title) MD
22b. ADDRESS 304 Medical Arts Bldg Joplin Missouri
22c. DATE SIGNED 1-2-63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 12-28-62
23c. NAME OF CEMETERY OR CREMATORY
23d. LOCATION (City, town, or county) Miami (State) Okla

24. FUNERAL DIRECTOR Chapin Funeral Home ADDRESS Miami (Licensee)
25. DATE RECD. BY LOCAL REG. 1-7-1963
26. REGISTRAR'S SIGNATURE Dovie Merriam

(See Informant's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ~~was~~ WAS NOT embalmed by me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Robert A. York

Licensed Embalmer No. 5193

P. O. Address Joplin, 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.