

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-016487

STATE FILE NUMBER

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 100

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAY 9 1963

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Newton</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Carthage</b>		Length of stay in 1b <b>23 Days</b>	c. CITY OR TOWN <b>Granby</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>McCune Brooks Hosp.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Route # 1</b>
3. NAME OF DECEASED (Type or print) First <b>Nancy</b> Middle <b>Nora</b> Last <b>Smith</b>		4. DATE OF DEATH Month <b>May</b> Day <b>1</b> Year <b>1963</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Oct. 20, 1879</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House work</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	9. AGE (last birthday) <b>83</b>
13a. FATHER'S NAME <b>William Smith</b>		13b. MOTHER'S MAIDEN NAME <b>Nancy Elizabeth Powers</b>	11. BIRTHPLACE (City and state or country) <b>Granby, Mo.</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of <b>no</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
18. CAUSE OF DEATH (Enter only one cause: per- PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Nephritis Chronic &amp; Uremia</b>		14. NAME OF HUSBAND OR WIFE <b>NONE</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis Generalized</b>		17. INFORMANT <b>Miss Mary Smith, Granby, Mo. # 1</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		16. SOCIAL SECURITY NO. <input type="checkbox"/>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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>12-6-59</b> to <b>5-1-63</b> and last saw <sup>her</sup> <sub>him</sub> alive on <b>5-1-63</b>		22c. DATE SIGNED <b>5-3-63</b>	
Death occurred at <b>2:18 P.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.		22b. ADDRESS <b>Carthage, Mo.</b>	
22a. SIGNATURE (Degree or title) <i>M. D.</i>		23d. LOCATION (City, town, or county) (State) <b>Newton Co., Mo.</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>5-3-63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Powers Cemetery</b>	
24. FUNERAL DIRECTOR <b>Ulmer-Moss Funeral Home, Sarcoxie, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>5-3-63</b>	
26. REGISTRAR'S SIGNATURE <i>Elton</i>			

(Licensed Embalmer's Statement on Reverse Side)

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           Melvin Jewett          

Licensed Embalmer No. 5121

P. O. Address CARTHAGE, 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.