

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-016829

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 211 Primary Registration District No. 4324 Registrar's No. 14-63

FILED APR 18 1963

VS 300 Rev. 4/59

1 blank

2 0260

3

4 1

5 2

6

7 0

8 2

9 97030

10 20

11 026

12 1-2

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Miller		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Tuscumbia, Missouri		Length of stay in 1b 25 days	c. CITY OR TOWN Henley Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Humphreys Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) Henley, Missouri Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Elsie Irene Smith			4. DATE OF DEATH Month Day Year April 7, 1963
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-20-81
9. AGE (last birthday) 82		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Hickory Hill, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Christian Hahn	
13b. MOTHER'S MAIDEN NAME Betty Walser		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 serv) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Harold Smith		Address Henley, 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) Hypostatic Pneumonia			INTERVAL BETWEEN ONSET AND DEATH 24 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Bledidden from fracture left hip			25 days
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. <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 checked="" 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.) Fell on floor at home injuring hip	
20c. TIME OF INJURY Hour a.m. Month, Day, Year PM 3-13-63	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.) Home	20f. CITY, TOWN, OR LOCATION COUNTY STATE Henley, Cole, Missouri
21. I attended the deceased from 3-13-63 to 4-7-63 and last saw her alive on 4-7-63 Death occurred at 2:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE M. E. Humphreys D.O. (Degree or title)		22b. ADDRESS Tuscumbia, Missouri	22c. DATE SIGNED 4-8-63 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/9/63	23c. NAME OF CEMETERY OR CREMATORY Hickory Hill Cemetery	23d. LOCATION (City, town, or county) Hickory Hill, Missouri (State)
24. FUNERAL DIRECTOR Freeman Mortuary Jefferson City, Mo.		25. DATE RECD. BY LOCAL REG. 4-17-63	26. REGISTRAR'S SIGNATURE Mrs. D. E. Kallenbach

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 Donald R. Greenman

Licensed Embalmer No. 4623

P. O. Address J. 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.