

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-044756

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 218 Primary Registration District No. 5789 Registrar's No. 45

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB
 AMENDED

FILED NOV 18 1963

VS 300
 Rev. 4/59

10670
 20670

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Mississippi		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Mississippi	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. James		Length of stay in 1b 11 Years	c. CITY OR TOWN East Prairie, Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2Mi. S.E. East Prairie, Mo.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Route 2 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Doris Middle Louise Last Smith		4. DATE OF DEATH Month Nov. Day 7 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-23-1925
9. AGE (last birthday) 38		IF UNDER 1 YEAR Months 07 Days 12	IF UNDER 24 HR Hours 00 Min. 00
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Librarian		10b. KIND OF BUSINESS OR INDUSTRY Library	11. BIRTHPLACE (City and state or country) Steele, Missouri
12. CITIZEN OF WHAT COUNTRY USA		13. FATHER'S NAME Elmer Reeves	
13b. MOTHER'S MAIDEN NAME Ellen Walker		14. NAME OF HUSBAND OR WIFE James F. Smith	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Address James F. Smith, East Prairie, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ex Carcinomatosis, generalized			INTERVAL BETWEEN ONSET AND DEATH 1 yr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Ductal Carcinoma, breast L.			2 yrs 10 mo.
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 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 6:05 a.m. Month, Day, Year Nov 1963		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 East Prairie, Missouri	
21. I attended the deceased from Nov 1961 to Nov 1963 and last saw her/him alive on Oct 16, 1963 Death occurred at 6:05 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>William J. Bergerson, M.D.</i> (Degree or title)		22b. ADDRESS 1012 N. Main St. Dorton, Mo	22c. DATE SIGNED 11/13/63 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-9-1963	23c. NAME OF CEMETERY OR CREMATORY W.O.W. Cemetery	23d. LOCATION (City, town, or county) East Prairie, Missouri
24. FUNERAL DIRECTOR Travis Shelby, East Prairie, Missouri		25. DATE RECD. BY LOCAL REG. 11-15-1963	26. REGISTRAR'S SIGNATURE <i>Louis Fitzgerald</i>

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 Travis Shelby Jr.

Licensed Embalmer No. 4940

P. O. Address East Prairie, 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.