

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-046328

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 490

FILED JAN 2 1963

1. PLACE OF DEATH

a. COUNTY COLE

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN JEFFERSON CITY

Length of stay in 1b
2 YRS.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION CAPITOL AVE. REST HOME

Inside Limits
Yes ☒ No ☐

c. CITY
OR TOWN

HIGH POINT

Inside Limits
Yes ☒ No ☐

d. STREET
ADDRESS

(If outside, give location)
IN TOWN

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Middle Last
NELLIE SMITH

4. DATE
OF DEATH

Month Day Year
DECEMBER 20, 1962

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

11-2-1876

9. AGE (last birthday)

86

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

OWN HOME

11. BIRTHPLACE (City and state or country)

CENTERTOWN, MO.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

BENJAMIN PACE

13b. MOTHER'S MAIDEN NAME

PRINE

14. NAME OF HUSBAND OR WIFE

SYLVINIS J. SMITH

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT

VICTORIA HALDIMAN, OLEAN, 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)

Natural Causes - Exact Cause Unknown

INTERVAL BETWEEN
ONSET AND DEATH

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

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.

☐ 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.)

Was patient in old age rest home. Died

20c. TIME OF
INJURY

1:00

Hour Month, Day, Year

12/20/62

Unattended. Investigation revealed death due to natural

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.)

Home

20f. CITY, TOWN, OR LOCATION

Jefferson City - Cole - Mo.

COUNTY

COLE

21. I attended the deceased from

to

and last saw him alive on

Death occurred at

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Olivera Holt Corner Cole County

22b. ADDRESS

Jefferson City, Mo. 1436 Green Berry Road

22c. DATE SIGNED

12/20/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

BURIAL - REMOVAL

23b. DATE

12-22-1962

23c. NAME OF CEMETERY OR CREMATORY

CITY CEMETERY

23d. LOCATION (City, town, or county)

CALIFORNIA, MO.

24. FUNERAL DIRECTOR

Hugh E. Williams, California, Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

20 December 1962

26. REGISTRAR'S SIGNATURE

R. Richter, Reg.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

DATE AMENDED

VS 300
Rev. 4/59

6269

20680

3

4 1

5 2

6

7 0

8 2

97954

10

11

1286-3

131-0

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.