

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-026308

STATE FILE NUMBER

REGISTRATION DISTRICT No. 224 PRIMARY REGISTRATION DISTRICT No. 3046 REGISTRAR'S No. 76

AUG 11 3 1958

|                                                                                                                                                                                                                                                                                                                                          |                                  |                                                                                                                                                             |                                                                                                                                                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Moniteau</u>                                                                                                                                                                                                                                                                                           |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>                 |                                                                                                                                                               |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>California</u>                                                                                                                                                                                                                                                   |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                        | c. CITY OR TOWN <u>California</u><br>Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                     |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Home</u>                                                                                                                                                                                                                                               |                                  | Length of stay in lb                                                                                                                                        | d. STREET ADDRESS (If outside, give location)<br><u>6 mi. north.</u><br>Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><u>MARY FRANCIS SMITH</u>                                                                                                                                                                                                                                                    |                                  |                                                                                                                                                             | 4. DATE OF DEATH<br>Month Day Year<br><u>Aug 7 1958</u>                                                                                                       |
| 5. SEX<br><u>Female</u>                                                                                                                                                                                                                                                                                                                  | 6. COLOR OR RACE<br><u>white</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>Sept 15-1892</u>                                                                                                                       |
| 9. AGE (In years last birthday) <u>75</u>                                                                                                                                                                                                                                                                                                |                                  | IF UNDER 1 YEAR<br>Months Days<br><u>10 22</u>                                                                                                              | IF UNDER 24 HRS.<br>Hours Min.<br><u>0 0</u>                                                                                                                  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>housekeeping</u>                                                                                                                                                                                                                       |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>no.</u>                                                                                                             | 11. BIRTHPLACE (City and state or country)<br><u>California Mo.</u>                                                                                           |
| 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>                                                                                                                                                                                                                                                                                            |                                  | 13a. FATHER'S NAME<br><u>Abraham Smith</u>                                                                                                                  |                                                                                                                                                               |
| 13b. MOTHER'S MAIDEN NAME<br><u>Sarah Jane Hader</u>                                                                                                                                                                                                                                                                                     |                                  | 14. NAME OF HUSBAND OR WIFE<br><u>never married.</u>                                                                                                        |                                                                                                                                                               |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war & dates of service)<br><u>no</u>                                                                                                                                                                                                                 |                                  | 16. SOCIAL SECURITY NO.<br><u>no.</u>                                                                                                                       | 17. INFORMANT<br>Address<br><u>Don Hackney California Mo.</u>                                                                                                 |
| 18. CAUSE OF DEATH (Enter only one-cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Cerebral hemorrhage</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. }<br>DUE TO (b) <u>Generalized arterio-sclerosis</u><br>DUE TO (c) <u>331X</u> |                                  |                                                                                                                                                             | INTERVAL BETWEEN ONSET AND DEATH<br><u>2 days,</u><br><u>5 years</u>                                                                                          |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)                                                                                                                                                                                                        |                                  |                                                                                                                                                             | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>                                                    |
| 20a. ACCIDENT SUICIDE HOMICIDE<br><input type="checkbox"/> <input type="checkbox"/> <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<br>Hour Month, Day, Year<br>a.m. p.m.                                                                                                                                                                                                                                                                                |                                  |                                                                                                                                                             |                                                                                                                                                               |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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                                                                                                                                                                                                                                                                                                             |                                  | COUNTY                                                                                                                                                      | STATE                                                                                                                                                         |
| 21. I attended the deceased from <u>Sept 10, 1956</u> , to <u>Aug 7, 1958</u> and last saw her alive on <u>Aug 7, 1958</u><br>Death occurred at <u>12:30 p.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.                                                                                     |                                  |                                                                                                                                                             |                                                                                                                                                               |
| 22a. SIGNATURE (Degree or title)<br><u>Kennon Latham M.D.</u>                                                                                                                                                                                                                                                                            |                                  | 22b. ADDRESS<br><u>California, Mo.</u>                                                                                                                      | 22c. DATE SIGNED<br><u>8-9-58</u>                                                                                                                             |
| 23a. BURIAL, CREMATION, OR REMOVAL (Specify)                                                                                                                                                                                                                                                                                             | 23b. DATE                        | 23c. NAME OF CEMETERY OR CREMATORY                                                                                                                          | 23d. LOCATION (City, town, or county) (State)                                                                                                                 |
| <u>Burial</u>                                                                                                                                                                                                                                                                                                                            | <u>8-9-1958</u>                  | <u>City Cemetery</u>                                                                                                                                        | <u>California Mo.</u>                                                                                                                                         |
| 24. FUNERAL DIRECTOR<br><u>Hugh E. Williams</u>                                                                                                                                                                                                                                                                                          |                                  | ADDRESS<br><u>California Mo.</u>                                                                                                                            | 25. DATE RECD. BY LOCAL REG.<br><u>8/10/58</u>                                                                                                                |
| 26. REGISTRAR'S SIGNATURE<br><u>H. R. Popejoy</u>                                                                                                                                                                                                                                                                                        |                                  |                                                                                                                                                             |                                                                                                                                                               |

All diseases in Part I must be causally related. No symptoms will be listed. No only anomalous nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Hugh E. Williams* .....

Licensed Embalmer No. *3537* .....

P. O. Address *California* .....

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.