

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

0043171

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 334 Primary Registration District No. 30720 Registrar's No. 198-1000 STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <i>Marion</i> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Marshall</i> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Fitzgibbon Hospital</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Saline</i> c. CITY OR TOWN <i>Slater</i> d. STREET ADDRESS (If outside, give location) <i>323 W. Maple</i>	
3. NAME OF DECEASED (Type or print) First <i>Mary</i> Middle <i>Elvina</i> Last <i>Smitherman</i>		4. DATE OF DEATH Month <i>October</i> Day <i>16</i> Year <i>1964</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>5-4-1881</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>	11. BIRTHPLACE (City and state or country) <i>Long Lane, Missouri</i>
13a. FATHER'S NAME <i>Jake Runyon</i>		13b. MOTHER'S MAIDEN NAME <i>Sarah Williams</i>	14. NAME OF HUSBAND OR WIFE <i>F. M. Smitherman</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT <i>F. M. Smitherman, Slater, Missouri</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Chr. Myocarditis & decompensation</i> DUE TO (b) <i>Chr. Nephritis</i> DUE TO (c) <i>Leukemia - Myelogenous</i>			INTERVAL BETWEEN ONSET AND DEATH <i>3 wks</i> <i>5 yrs</i> <i>2 yrs</i>
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 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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year	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	STATE
21. I attended the deceased from <i>1944</i> to <i>Oct 16, 1964</i> and last saw her/him alive on <i>Oct 16, 1964</i> Death occurred at <i>10:45 a.m.</i> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>C. A. McBurney M.D.</i>		22b. ADDRESS <i>Slater, Mo</i>	22c. DATE SIGNED <i>10/17/64</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Oct. 18, 1964</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Slater</i>	23d. LOCATION (City, town, or county) <i>Slater, Missouri</i>
24. FUNERAL DIRECTOR <i>Haines Funeral Home, Slater, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>10-17-64</i>	26. REGISTRAR'S SIGNATURE <i>Cecil S. Reed</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

Walter J. Haines, Jr.

Licensed Embalmer No. 4557

P. O. Address. Slater, 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.