

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

67-0033927

STATE FILE NUMBER

Registration District No. 336 Primary Registration District No. 6137 Registrar's No. 11

FILED SEP 12 1967	
<p>1. PLACE OF DEATH</p> <p>a. COUNTY <u>Shannon</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Winona</u> Length of stay in 1b <u>45 yrs</u></p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>10 miles South</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Mo</u> b. COUNTY <u>Shannon</u></p> <p>c. CITY OR TOWN <u>Winona</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <u>10 miles South</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
<p>3. NAME OF DECEASED First Middle Last <u>Ples Dewey Smith</u></p> <p>4. DATE OF DEATH Month Day Year <u>Sept 5 1967</u></p>	<p>5. SEX <u>M</u> 6. COLOR OR RACE <u>W</u> 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/></p> <p>8. DATE OF BIRTH <u>5-4-1898</u> 9. AGE (last birthday) <u>69</u></p> <p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lumber</u> 10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u></p> <p>11. BIRTHPLACE (City and state or country) <u>Salem Springs, Mo</u> 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u></p>
<p>13a. FATHER'S NAME <u>John Smith</u> 13b. MOTHER'S MAIDEN NAME <u>Martha Wallace</u></p> <p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u></p>	<p>16. SOCIAL SECURITY NO. <u>495-14-3480</u> 17. INFORMANT <u>Uerla Friend - Winona, Mo.</u> Address</p> <p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)</p> <p style="text-align: center;">PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <u>Cardiac & Respiratory Failure</u></p> <p style="text-align: center;">DUE TO (b) <u>Essential Hypertension</u></p> <p style="text-align: center;">DUE TO (c) <u>Senile Body Changes</u></p> <p style="text-align: center;">PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p> <p style="text-align: center;">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</p>
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p> <p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p> <p>20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year</p>	<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p> <p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Winona</u></p> <p>20f. CITY, TOWN, OR LOCATION <u>Shannon</u> COUNTY <u>Mo.</u> STATE</p> <p>21. I attended the deceased from <u>10-11-51</u>, to <u>9-5-67</u> and last saw her/him alive on <u>9-4-67</u></p> <p>Death occurred at <u>1:30 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.</p>
<p>22a. SIGNATURE (Deceased or title) <u>[Signature]</u> 22b. ADDRESS <u>Alton, Mo.</u> 22c. DATE SIGNED <u>SEP 8 1967</u></p>	<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> 23b. DATE <u>9-7-1967</u> 23c. NAME OF CEMETERY OR CREMATORY <u>Bailey Chapel Ceme</u> 23d. LOCATION (City, town, or county) (State) <u>Oregon County, Mo.</u></p> <p>24. FUNERAL DIRECTOR <u>CLARY FUNERAL Home - Winona, Mo.</u> ADDRESS 25. DATE RECD. BY LOCAL REG. <u>9-11-67</u> 26. REGISTRAR'S SIGNATURE <u>[Signature]</u></p>

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AMENDED
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SEP 19 1967

Burial Permit (2211) Prior to Burial

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 Ernest E. Clary

Licensed Embalmer No. 5118

P. O. Address Wimona, 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.

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