MO DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS DEC 2 9 1960

-60-047064

STATE FILE NUMBER

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 251

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY: Phelps

b. CITY OR TOWN: Rolla

Length of stay in 1b: Years

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 200 N. Olive Street

Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE: Missouri b. COUNTY: Phelps

c. CITY OR TOWN: Rolla

Inside Limits: Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location): 200 N. Olive Street

Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First CHARLOTTE Middle IRENE Last SMITH

4. DATE OF DEATH: Month, Day, Year: December 15, 1960

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 12/29/96

9. AGE (last birthday): 63

IF UNDER 1 YEAR: Months Days

IF UNDER 24 HR: 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): St. James, Missouri

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Joseph B. Hughes

13b. MOTHER'S MAIDEN NAME: Nellie D. Blaine

14. NAME OF HUSBAND OR WIFE: Joseph S. 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.: 499-24-7184

17. INFORMANT Address: Mrs. Jean Smith Rolla, 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): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days.

Conditions, if any, which gave rise to above cause (a), stating the underlying 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): Previous cerebral hemorrhage

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.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

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.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from past 20 years to _____ and last saw her/him alive on _____

Death occurred at 5 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): E. E. Faud M.D.

22b. ADDRESS: Rolla Mo

22c. DATE SIGNED: 12-19-1960

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Dec. 17, 1960

23c. NAME OF CEMETERY OR CREMATORY: Masonic Cemetery

23d. LOCATION (City, town, or county) (State): St. James, Missouri

24. FUNERAL DIRECTOR ADDRESS: Null & Son Funeral Home Rolla

By Paul C. Null

25. DATE RECD. BY LOCAL REG.: Dec. 19, 1960

26. REGISTRAR'S SIGNATURE: Nadine L Stoll

(Licensed Embalmer's Statement on Reverse Side)

JAN 24 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Paul E. Nu

Signature of Student Embalmer

Licensed Embalmer No. 4498

P. O. Address Rolla, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.