

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-050450

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 319 Primary Registration District No. 4469 Registrar's No. 61

FILED JAN 2 1964		1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		
a. COUNTY <u>STE GENEVIEVE</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>STE. GENEVIEVE</u>		a. STATE <u>MO</u> b. COUNTY <u>STE. GENEVIEVE</u>		
Length of stay in 1b <u>15 YRS</u>		c. CITY OR TOWN <u>STE GENEVIEVE</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>RRM1</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>RRM1</u>		
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH		
First Middle Last <u>BLANCH E STELL SMITH</u>		Month Day Year <u>DEC 27 1963</u>				
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6/30/92</u>	9. AGE (last birthday) <u>71</u>	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) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>COFFMA MO</u>		
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>JOHN PATTERSON</u>		13b. MOTHER'S MAIDEN NAME <u>MARY BALLARD</u>		
14. NAME OF HUSBAND OR WIFE <u>OTTO SMITH</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO.		
17. INFORMANT <u>Korn Smith, Ste. Genevieve, Mo</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH		
IMMEDIATE CAUSE (a) <u>ACUTE MYOCARDIAL INFARCTION</u>		DUE TO (b) <u>CORONARY ARTERY DISEASE</u>		<u>10 min</u>		
DUE TO (c) <u>HYPERTENSIVE CARDIOVASCULAR DISEASE</u>				<u>7 YEARS</u>		
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 a.m. 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 COUNTY STATE	
21. I attended the deceased from <u>12-21-57</u> to <u>12-27-63</u> and last saw her <u>alive</u> on <u>11-30-63</u>		Death occurred at <u>6 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE (Degree or title) <u>Geo C. Paul, Ste. Genevieve, Mo</u>		22b. ADDRESS <u>Ste Genevieve, Mo</u>		22c. DATE SIGNED <u>12-28-63</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>12/30/63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>CREST LAWN</u>		23d. LOCATION (City, town, or county) (State) <u>STE GENEVIEVE MO</u>		
24. FUNERAL DIRECTOR ADDRESS <u>Geo C. Paul, Ste. Genevieve, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>28 December 1963</u>		26. REGISTRAR'S SIGNATURE <u>George F. Wood</u>		

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF  
 ITEM NO. SHOULD READ

VS 300	DATE AMENDED
Rev. 4/59	
10950	
20950	
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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 Adrian J. Ehler

Licensed Embalmer No. 4740

P. O. Address Ste. Genevieve 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.