

CERTIFICATE OF DEATH

DO NOT WRITE
ON THIS STUB

VS 300
Rev. 1/68

Registration District No. **77**

Primary Registration District No. **3016**

Registrar's No. **283**

9. **1**
10a. **87**
10b. **03**
11. **0**
12. **2**
13. **4339**
14. **4**
15. **0681**
16. **0**
17. **0**
18. **0**
19. CREDITS
20. **1-0**

DECEASED

USUAL RESIDENCE
WHERE DECEASED
LIVED, IF DEATH
OCCURRED IN
INSTITUTION, GIVE
RESIDENCE BEFORE
ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

DECEASED—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. SOPHIA ELLEN SMITH		2. Female	3. June 19, 1969
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)	AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOS. DAYS	DATE OF BIRTH (MONTH, DAY, YEAR)
4. White	5a. 87	5b. 03	6. Oct. 4, 1881
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)	
7b. Jefferson City		7d. Memorial Hospital	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY	
8. Missouri		9. U. S. A.	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	
12. 499-40-0423		13b. Housewife	
RESIDENCE—STATE COUNTY		CITY, TOWN, OR LOCATION	
14a. Missouri		14b. Moniteau	
14c. California		14d. 604 Randolph	
FATHER—NAME FIRST MIDDLE LAST		MOTHER—MAIDEN NAME FIRST MIDDLE LAST	
15. Monroe Cook		16. Minerva Barnhardt	
INFORMANT—NAME		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	
17a. Stella Smith		17b. 604 Randolph, California, Mo	
PART I. DEATH WAS CAUSED BY:		ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)	
18. IMMEDIATE CAUSE		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
(a) CEREBRAL THROMBOSIS, RT. HEMIPLEGIA.		9 DAYS	
(b) ARTERIOSCLEROSIS, GENERALIZED		15 YRS?	
(c) DETERIORATION OF AGING		20 YRS?	
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (G)		AUTOPSY (YES OR NO)	
PYELONEPHRITIS; CHR. BRAIN SYNDROME		NO	
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
20a. 0	20b. 0	20c. M	20d. 0
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)	
20e. 0	20f. 0	20g. 0	
CERTIFICATION—PHYSICIAN:	MONTH DAY YEAR	MONTH DAY YEAR	AND LAST SAW HER ALIVE ON MONTH DAY YEAR
21a. ATTENDED THE DECEASED FROM	JUNE 12 '69	21b. JUNE 19, '69	21c. JUNE 18 '69
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.	HOUR OF DEATH		
22a. 0	22b. 0		
CERTIFIER—NAME (TYPE OR PRINT)	SIGNATURE		
23a. G. DONALD SHULL, M.D.	23b. G. Donald Shull M.D.		
MAILING ADDRESS—CERTIFIER	STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP		
23c. 521 E. HIGH ST.	23d. JEFFERSON CITY, MO.		
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME		
24a. Burial	24b. Masonic Cemetery		
DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
24c. June 21, 1969	24d. Williams Funeral Home, California, Mo.		
FUNERAL DIRECTOR—SIGNATURE	REGISTRAR—SIGNATURE		
25a. Norme Weeks	25b. Norme Weeks		
DATE RECEIVED BY LOCAL REGISTRAR	26a. 6-21-69		

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

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 Wayne A. Woodard

Licensed Embalmer No. 5172

P. O. Address California, 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.