

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040801
STATE FILE NUMBER

FILED NOV 19 1958 Registration District No. 224 Primary Registration District No. 5793 Registrar's No. 103

1. PLACE OF DEATH a. COUNTY MONITEAU		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MONITEAU	
b. CITY (If outside corporate limits, give TOWNSHIP only) LINN		c. CITY OR TOWN NEAR WOOLDRIDGE MO	
c. FULL NAME OF (If NOT in hospital, give location) WOOLDRIDGE MO		d. STREET ADDRESS (If outside, give location) WOOLDRIDGE MO.	
3. NAME OF DECEASED (Type or print) First Middle Last CHLOE ELLEN SMITH		4. DATE OF DEATH Month Day Year Nov. 11-1958	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH DEC. 6-1878
9. AGE (In years less birthday) Months Days 79 11 3		10. IF UNDER 1 YEAR IF UNDER 24 HRS. 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) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME SILAS VAUGHAN		13b. MOTHER'S MAIDEN NAME MARTHA PHIBBS	
14. NAME OF HUSBAND OR WIFE FRANK (DEAD)		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. No		17. INFORMANT Address Everett Smith Wooldridge Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asphyxia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Pulmonary Edema DUE TO (c) Hypostatic Pneumonia PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cerebro-Vascular Accident			INTERVAL BETWEEN ONSET AND DEATH 4 days.
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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. Month, Day, Year p.m.			
20d. INJURY OCCURRED WHILE AT <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 11/9/58 to 11/11/58 and last saw her alive on 11/11/58 Death occurred at 4:00 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) D. H. King No. 2		22b. ADDRESS Amestown, Mo.	
22c. DATE SIGNED 11/12/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE Nov. 13, 1958	
23c. NAME OF CEMETERY OR CREMATORY PETTIGREW CEM		23d. LOCATION (City, town, or county) (State) NEAR WOOLDRIDGE MO.	
24. FUNERAL DIRECTOR ADDRESS C. ALBERT HORNBECK		25. DATE RECD. BY LOCAL REG. 11/15/58	
26. REGISTRAR'S SIGNATURE Prattie Home Mo.			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *C. Albert Hornbeck*

Licensed Embalmer No. *2714*

P. O. Address *Harrie Home*

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.