

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 OR TOWN (If outside corporate limits, give TOWNSHIP only) WINN		c. CITY OR TOWN (If outside, give location) 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) 79		IF UNDER 1 YEAR Months Days 11 5	IF UNDER 24 HRS. Hours Min. 0 0
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 0
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 Everett Smith Wooldridge mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH CAUSED BY: IMMEDIATE CAUSE (a) Asphyxia			INTERVAL BETWEEN ONSET AND DEATH 4 days.
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			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 Month, Day, Year a.m. 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) [Signature]		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, GEM	
23d. LOCATION (City, town, or county) NEAR WOOLDRIDGE MO.		23e. STATE MO.	
24. FUNERAL DIRECTOR C. ALBERT HORNBECK		25. DATE RECD. BY LOCAL REG. 11/15/58	
26. REGISTRAR'S SIGNATURE Helen L Papejoy		27. ADDRESS Prattville Home Mo.	

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

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.

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 *Paris 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.