No. 300
10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED FEB 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3694

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 6092 Registrar's No. 27

1. PLACE OF DEATH
a. COUNTY: Saline
b. CITY OR TOWN (If outside corporate limits write RURAL and give township): Grand Pass
c. LENGTH OF STAY (in this place): 5 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Grand Pass

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Osage
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
d. STREET ADDRESS (If rural, give location): Bonnots Mill Mo RFD.

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Pauline
c. (Last): Smith

4. DATE OF DEATH (Month) (Day) (Year): Jan. 26 1949

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov 13, 1872
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months ___ Days ___ IF UNDER 24 HRS.: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Osage County Mo
12. CITIZEN OF WHAT COUNTRY? Yes
13a. FATHER'S NAME: Sabastin Richard
13b. MOTHER'S MAIDEN NAME: Christian Kluth
14. NAME OF HUSBAND OR WIFE: Uriah J. Smith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Uriah J. Smith — ADDRESS: Grand Pass Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-Vascular-Renal Disease — INTERVAL BETWEEN ONset AND DEATH: ?

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death:* Chronic Cholecystitis — ?

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec, 1947, *to* Jan. 26, 1949, *that I last saw the deceased alive on* Jan 26, 1949, *and that death occurred at* 5:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Douglas Kelling (Degree or title) M.D.
23b. ADDRESS: Waverly, Mo
23c. DATE SIGNED: 1/26/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 1-26-49
24c. NAME OF CEMETERY OR CREMATORY: Frankenstein Mo.
24d. LOCATION (City, town, or county) (State): Same

DATE REC'D BY LOCAL REG.: Jan 26-1949
REGISTRAR'S SIGNATURE: Sidney T Gray 385
25. FUNERAL DIRECTOR'S SIGNATURE: Vernon M. Morton — ADDRESS: Lima Mo

(Licensed Embalmer's Statement on Reverse Side)

ECEIVED
istrict Health Officer No. 6,
istrict File Number
ate Filed 2-3-49

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.

Signed Vernon M. Morton

Signed .....
Student Embalmer

Licensed Embalmer No. 4125

P. O. Address Lima, 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 this body is not embalmed, fact should be so stated above.