

No. 300
10. 48

FILED MAR 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.
5414

553

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

BIRTH NO. _____ REG. DIST. NO. 283 PRIMARY REG. DIST. NO. 5655 Registrar's No. 175

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mt. Vernon</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lamar</u>	
c. LENGTH OF STAY (If this place) <u>20 minutes</u>		d. STREET ADDRESS (If rural, give location) <u>1301 Mill St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri State Sanatorium</u>			
3. NAME OF DECEASED a. (First) <u>Easter</u>		b. (Middle) <u>I. Dora</u>	
c. (Last) <u>Smith</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 2 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 25, 1883</u>
9. AGE (In years last birthday) <u>65</u>		IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Illinois</u>
12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>			
13a. FATHER'S NAME <u>George Brummet</u>		13b. MOTHER'S MAIDEN NAME <u>Mary King</u>	
14. NAME OF HUSBAND OR WIFE <u>Frank Albert 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. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>E. McMichael Record Clerk</u>		ADDRESS <u>Mo. State San., Mt. Vernon, Mo</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>(a) Astoria-Sclerosis (general) * or Postic Valves</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> <u>Decompensation (cardiac)</u> DUE TO (b) <u>Generalized Respiratory & Circulatory failure</u> DUE TO (c) <u>Congestion Liver, spleen, lungs</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>11500</u>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased at <u>at</u> time she was brought into hospital in <u>at</u> <u>3-2-49</u> , 19 <u>49</u> , and that death occurred at <u>11:45a m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>C. Hallweg</u>		23b. ADDRESS <u>Mount Vernon, Missouri</u>	
23c. DATE SIGNED <u>3-2-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-4-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lake Cemetery,</u>	24d. LOCATION (City, town, or county) (State) <u>Lamar, Missouri</u>
DATE REC'D BY LOCAL REG. <u>3-5-49</u>	REGISTRAR'S SIGNATURE <u>Cecil Handicks</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Carl E. Kozant, Lamar, Mo</u>	

RECEIVED

District Health Officer No. 6,

District File Number 349-280

Date Filed 3-8-49

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 _____

Garrett R. Conarty

Signed _____
Student Embalmer - _____

Licensed Embalmer No. 2247

P. O. Address Kennett, 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.