

FILED APR 15 1949 THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 9360

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 246 PRIMARY REG. DIST. NO. 2825 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin (rural) # 4</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin (rural) # 4</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Near Reddings Mill</u>		d. STREET ADDRESS (If rural, give location) <u>Near Reddings Mill</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Noveta</u> b. (Middle) <u>Clemintine</u> c. (Last) <u>Drake SMITH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 6th. 1949</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 4, 1910</u>	9. AGE (In years last birthday) <u>39</u>	IF UNDER 1 YEAR Months <u>1</u>	IF UNDER 1 YEAR Days <u>1</u>	IF UNDER 24 HRS. Hours <u>1</u>	IF UNDER 24 HRS. Min. <u>0</u>
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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>Newton County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Birly Drake</u>	13b. MOTHER'S MAIDEN NAME <u>Annie Lee</u>	14. NAME OF HUSBAND OR WIFE <u>John W. Smith</u>
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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>499-22-4345</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John Smith</u>	ADDRESS <u>Joplin Rt #4, Missouri</u>
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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* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 mos.</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Arterial hypertension</u>		<u>2-3 Years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) <u>Chronic glomerulus nephritis</u>		<u>2-3 Years</u>

19a. DATE OF OPERATION <u>4</u>	19b. MAJOR FINDINGS OF OPERATION <u>4. A. A. 2. X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Aug. 25th 48 to April 6th 49, that I last saw the deceased live April 6th, 1949, and that death occurred at 11:00A., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm. J. James M.D.</u>	(Degree or title) <u>J</u>	23b. ADDRESS <u>Frisco Bldg: Joplin, Mo.</u>	23c. DATE SIGNED <u>4-8-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 9, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Osborne Memorial</u>	24d. LOCATION (City, town, or county) (State) <u>Joplin, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>4-8-49</u>	REGISTRAR'S SIGNATURE <u>W. J. James</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Thornhill-Dillon</u>	ADDRESS <u>Joplin, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—003

APR 19 1942

**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. 324

working under my personal supervision.

Student William E. Suddleston  
Student Embalmer

Signed Cecilia Romblee

Licensed Embalmer No. 3590

P. O. Address Joplin, 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.