

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 6 1949

53

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 100

1. PLACE OF DEATH a. COUNTY <u>barlade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Mo</u> b. COUNTY <u>barlade</u>	
b. CITY OR TOWN <u>Lebanon</u>		c. CITY OR TOWN <u>Lebanon</u>	
c. LENGTH OF STAY (in this place) <u>1 year</u>		d. STREET ADDRESS (If rural, give location) <u>303 E. Commercial</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wallace Memorial Hospital</u>			

3. NAME OF DECEASED (Type or Print) <u>Rosemary Smith</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6 25 49</u>				
5. SEX <u>F</u>	6. COLOR OR RACE <u>w</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 19, 1909</u>	9. AGE (in years last birthday) <u>39</u>	IF UNDER 1 YEAR Days	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>dancing instructor</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>New York</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Vergil 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>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Vergil Smith</u> ADDRESS <u>Lebanon, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Surgical shock</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Anemia</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>192x</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 from April 13, 1949, to June 25, 1949, that I last saw the deceased alive on June 25, 1949, and that death occurred at 1120 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Frank Froelich, MD</u>		23b. ADDRESS <u>Lebanon MO.</u>		23c. DATE SIGNED <u>6/27/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 27, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Dallas county, MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Palmer Lebanon, MO.</u>		ADDRESS	
DATE REC'D BY LOCAL REG. <u>June 27-1949</u>		REGISTRAR'S SIGNATURE <u>Willa L. Gray</u>		424	

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

Received JUL 5 1949

Laclede County Health Unit

File No. 7-89-85

Date Filed JUL 5 1949

OCT 19 1949

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 _____
Student Embalmer

Signed Richard L. Palmer

Licensed Embalmer No. 4595

P. O. Address Lebanon, 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 licensa.)

If this body is not embalmed, fact should be so stated above.