

No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED AUG 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23809
Registrar's No. 232

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5579

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brookings Twp. Rural		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brookings Twp. Rural	
c. LENGTH OF STAY (in this place) 6 Wks		d. STREET ADDRESS (If rural, give location) 78th St. and 50 Hiway	
d. FULL NAME OF HOSPITAL OR INSTITUTION 78th St. and 50 Hiway		e. STREET ADDRESS (If rural, give location) 78th St. and 50 Hiway	

3. NAME OF DECEASED (Type or Print)	a. (First) Cora	b. (Middle) L.	c. (Last) Schmile	4. DATE OF DEATH (Month) (Day) (Year)	7	26	49
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5. SEX Feamle	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Mar. 29, 1871	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months 5	IF UNDER 12 HRS. Days 27	Hours	Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Elmira, New York	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Silas T. Smith	13b. MOTHER'S MAIDEN NAME Martha H. Branson	14. NAME OF HUSBAND OR WIFE Unknown
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME H. F. Schmile, Lee's Summit, Mo.	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 3 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Concussion 1 yr		
	DUE TO (c) Arteriosclerosis 2 yr		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. C 9030			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Joseph 131 210.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) Sept 11, 1948 10:30 am	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Tripped and fell over chair
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22. I hereby certify that I attended the deceased from Sept 30, 1948, to July 26, 1949, that I last saw the deceased alive on July 26, 1949, and that death occurred at 7:21 A.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. J. Miller	23b. ADDRESS Lee's Summit Mo	23c. DATE SIGNED 7-26-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 7-26-1949	24c. NAME OF CEMETERY OR CREMATORY St. Joseph, Missouri	24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.
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DATE REC'D BY LOCAL REG. July 27, 1949	REGISTRAR'S SIGNATURE H. F. Schmile	554	25. FUNERAL DIRECTOR'S SIGNATURE W. B. Longford	ADDRESS Lee's Summit Mo
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(Licensed Embalmer's Statement on Reverse Side)

AUG 1 RECD

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 _____

W.B. Langford

Signed _____

Student Embalmer

Licensed Embalmer No. _____

3823

P. O. Address _____

1111 Summit

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.