No. 300
10.48

FILED AUG 13 1949

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

25777

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 323 PRIMARY REG. DIST. NO. 4474 Registrar's No. 28

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

1. PLACE OF DEATH
a. COUNTY: SALINE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SWEET SPRINGS
c. LENGTH OF STAY (in this place): 67 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 219 So Bridge St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: SALINE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SWEET SPRINGS
d. STREET ADDRESS (If rural, give location): 219 So. BRIDGE

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

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

5. SEX: FEMALE
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: JAN. 8, 1867
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months 6, Days 16 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School TEACHER
10b. KIND OF BUSINESS OR INDUSTRY: TEACHING
11. BIRTHPLACE (State or foreign country): WHITESIDE Co. Ill
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: GEO. W. Smith
13b. MOTHER'S MAIDEN NAME: MARY ANN TYSON
14. NAME OF HUSBAND OR WIFE: NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: MRS. FRANK McGREW — ADDRESS: [illegible]

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4-23-48

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____ — 331X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

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* 4-23, 1948, *to* 7-26, 1949, *that I last saw the deceased alive on* 7-26, 1949, *and that death occurred at* 6:10 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. H. Hale — (Degree or title): D.O.T.
23b. ADDRESS: Sweet Springs Mo
23c. DATE SIGNED: 7-27-49

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: July 28 1949
24c. NAME OF CEMETERY OR CREMATORY: FAIRVIEW
24d. LOCATION (City, town, or county) (State): SWEET SPRINGS Mo

DATE REC'D BY LOCAL REG.: 7/28/49
REGISTRAR'S SIGNATURE: Dolly Andrews 293
25. FUNERAL DIRECTOR'S SIGNATURE: R. C. CARTER — ADDRESS: Sweet Springs Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED AUG 1
District Health Officer No. 8,

District File Number.....

Date Filed 8-12-49

DEC 28 1949

APR 26 1950

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 A C Carter

Licensed Embalmer No. 3513

P. O. Address Lewis Long 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.