No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26557

BIRTH NO. _____ REG. DIST. NO. 109 PRIMARY REG. DIST. NO. 4180 Registrar's No. 22

35

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

1. PLACE OF DEATH
a. COUNTY Dunklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Campbell
c. LENGTH OF STAY (in this place) 12 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Dunklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Campbell 35
d. STREET ADDRESS (If rural, give location) —

2:45 p.m.

3. NAME OF DECEASED (Type or Print)
a. (First) Mary
b. (Middle) Elizabeth
c. (Last) Smith

4. DATE OF DEATH (Month) August (Day) 10 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH June 11, 1878
9. AGE (In years last birthday) 71 — If under 1 year: Months 1 Days 29 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Stoddard County Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Tom Shannon
13b. MOTHER'S MAIDEN NAME Jane Middleton
14. NAME OF HUSBAND OR WIFE James Edward Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME James Edward Smith ADDRESS Campbell, Mo

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) Andenocarcinoma of lungs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 1.3 X

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) None
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* 7/28/ 1949, *to* 8/10/49, 19__, *that I last saw the deceased alive on* 8/10/49, *at* 11 AM *and that death occurred at* 2:45P *m., from the causes and on the date stated above.*

23a. SIGNATURE J. W. McPheeters, Sr. (Degree or title) J. W. McPheeters, Sr., M.D.
23b. ADDRESS Lucy Lee Hospital Poplar Bluff, Missouri
23c. DATE SIGNED 8/18/49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Aug. 13, 1949
24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery
24d. LOCATION (City, town, or county) (State) Malden Missouri

DATE REC'D BY LOCAL REG. 8-23-1949
REGISTRAR'S SIGNATURE Miss Beulah Campbell 92
25. FUNERAL DIRECTOR'S SIGNATURE Landess Funeral Home ADDRESS Campbell, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED AUG 29 1949
District Health Office No. 2,
District File Number 849-821
Date Filed

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 Christina M. Landers

Licensed Embalmer No. 4227

P. O. Address Campbell, M

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.