

FILED SEP 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29055

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>354</u>		PRIMARY REG. DIST. NO. <u>6199</u>		Registrar's No. <u>83-</u>	
1. PLACE OF DEATH a. COUNTY <u>Jayaw CLINTON TWP</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jayaw</u>			
b. CITY OR TOWN <u>Mtn Grove RFD 4</u>		c. LENGTH OF STAY (In this place) <u>5 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>107</u> OR TOWN <u>Cabool</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>h</u>				d. STREET ADDRESS (If rural, give location) <u>0.</u>			
3. NAME OF DECEASED (Type or Print) <u>Polly Ann Smith</u>			a. (First) <u>Polly Ann</u> b. (Middle) <u>Smith</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 19 1949</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>MAR 22-1871</u>		9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>27</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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>Douglas Co</u>		12. CITIZEN OF WHAT COUNTRY? <u>Mo</u>	
13a. FATHER'S NAME <u>FAYE UPHAW</u>		13b. MOTHER'S MAIDEN NAME <u>HARRETT</u>		14. NAME OF HUSBAND OR WIFE <u>Tedrick William h Smith</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>General Smith</u> ADDRESS <u>Hartsville, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the bladder</u>					INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Don't know</u> DUE TO (c) <u>Don't know</u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None?</u>					<u>181X</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) (Min.) _____		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 <u>5/20</u> , 19 <u>49</u> , to <u>8/19</u> , 19 <u>49</u> that I last saw the deceased alive on <u>7/16</u> , 19 <u>49</u> , and that death occurred at <u>5:20 am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R.A. Ryan</u> (Degree or title) <u>M. D.</u>				23b. ADDRESS <u>Mountain Grove Mo</u>		23c. DATE SIGNED <u>8.19-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried Mo</u>		24b. DATE <u>Aug 20 49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Hope</u>		24d. LOCATION (City, town, or county) (State) <u>Hartsville Douglas Co Mo</u>		
DATE REC'D BY LOCAL REG. <u>SEPT 1-</u>		REGISTRAR'S SIGNATURE <u>Gaynell Cunningham</u>		325		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gene E Holdren</u> ADDRESS <u>Hartsville</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Rec
9-
9.

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 mit

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Thomas J. Hauldin

Licensed Embalmer No. 4317

P. O. Address Homewood, 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.