

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34184**

FILED OCT 17 1949

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 1244 Registrar's No. 173

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper <u>41</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cartersville, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cartersville, Missouri <u>0</u>	
c. LENGTH OF STAY (In this place) 40 Yrs		d. STREET ADDRESS (If rural, give location) N. Fountain St. <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION N. Fountain St.		d. STREET ADDRESS (If rural, give location) N. Fountain St. <u>0</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) Rosa	b. (Middle) Elizabeth	c. (Last) Smith	4. DATE OF DEATH (Month) (Day) (Year)
				Oct 7 1949

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 25 1892	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months 3 Days 13	IF UNDER 6 MOS. Hours Mins.
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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) Dent Co. Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Joseph Bay	13b. MOTHER'S MAIDEN NAME Catherine Burke	14. NAME OF HUSBAND OR WIFE Lawrence Smith
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Victor Madley	ADDRESS Cartersville, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diroid Myocarditis with decompensation		INTERVAL BETWEEN ONSET AND DEATH not determined 42 22
	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.		

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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 4/6, 1949 to 10/7, 1949 that I last saw the deceased alive on 10/7, 1949, and that death occurred at 2 P m., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) R. M. Stormont, M.D.	22b. ADDRESS Webb City, Mo	22c. DATE SIGNED 10/8/49
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Oct 9, 1949	23c. NAME OF CEMETERY OR CREMATORY Cartersville Cemetery	23d. LOCATION (City, town, or county) (State) Cartersville Missouri
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DATE REC'D BY LOCAL REG. OCT 8 1949	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Johnston Arnce Simpson	ADDRESS Webb City MO
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48
49
5

RECEIVED 10-12-49
Jasper County Health Office

County File Number 49-10-789

Date Filed 10-14-49

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 *Harvey E. Duce*

Licensed Embalmer No. *4463*

P. O. Address *Well City, 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.