

FILED NOV 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34781

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 6022 Registrar's No. 83

1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL Richmond Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Dockery Richmond Twp</u>	
c. LENGTH OF STAY (In this place) <u>66 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Street not listed</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Street not listed</u>		d. STREET ADDRESS <u>Street not listed</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Ellen</u> c. (Last) <u>Smith</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>October 25, 1949</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>November 3, 1882</u>
9. AGE (In years last birthday) <u>66</u>		IF UNDER 1 YEAR <u>11</u> Months <u>22</u> Days	IF UNDER 2 HRS. <u>0</u> Hours <u>0</u> Min.
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 <u>Housekeeping</u>	11. BIRTHPLACE (State or foreign country) <u>Ray County, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Noah Lamar</u>	
13b. MOTHER'S MAIDEN NAME <u>Martha Calahan</u>		14. NAME OF HUSBAND OR WIFE <u>Isaac Smith</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Philander Johnson</u>		ADDRESS <u>Richmond, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>± 10 yrs</u> <u>"</u>		331X	
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) _____		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> 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>10/22</u> , 19 <u>49</u> , to <u>10/25</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>10/22</u> , 19 <u>49</u> , and that death occurred at <u>5:25 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Philander Johnson M.D.</u>		23b. ADDRESS <u>Richmond, Mo.</u>	
23c. DATE SIGNED <u>10/29/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 27, 1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Dockery Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Dockery, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Oct. 29-1949</u>		REGISTRAR'S SIGNATURE <u>Mabel Jackson</u> <u>278</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Quest-Lile Funeral Home</u>		ADDRESS <u>Richmond Missouri</u>	

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

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RECEIVED

District Health Officer No. 8,

District File Number _____

Date Recd 11-4-49

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 *George Hill*

Licensed Embalmer No. 4066

P. O. Address *Richmond, 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.