No. 300
0.48

FILED JAN 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43650

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 174

1. PLACE OF DEATH
a. COUNTY Grundy
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Trenton
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 703 east 21st

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Grundy
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Trenton
d. STREET ADDRESS (If rural, give location) 703 East 21st

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

4. DATE OF DEATH (Month) (Day) (Year) 12-10-49

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH 6/22-1876
9. AGE (In years last birthday) 73 — IF UNDER 1 YEAR Months 5 Days 18 — 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 housewife
11. BIRTHPLACE (State or foreign country) De Kalb County Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Asa Anderson Crane
13b. MOTHER'S MAIDEN NAME Martha Elizabeth Whitaker
14. NAME OF HUSBAND OR WIFE Fred E. Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME x Beulah M Hite ADDRESS Trenton 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) Coronary Occlusion

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

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

INTERVAL BETWEEN ONSET AND DEATH: 4 wk

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* Nov -, 1949, *to* 12-10-, 1949, *that I last saw the deceased alive on* 12-9-, 1949 *and that death occurred at* 12 45 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Wm A Fuson MD
23b. ADDRESS Trenton Mo
23c. DATE SIGNED 12-12-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 12.13.49
24c. NAME OF CEMETERY OR CREMATORY A of J Cemetery
24d. LOCATION (City, town, or county) (State) Trenton Mo.

DATE REC'D BY LOCAL REG. 12/12/49
REGISTRAR'S SIGNATURE Irene Fair 115
25. FUNERAL DIRECTOR'S SIGNATURE Kayne A Dann ADDRESS Trenton Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
JAN 10 1950
DISTRICT
HEALTH OFFICE
CAMERON, MO.

JAN 19 1951

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 Myself Student Embalmer No. ..... working under my personal supervision.

Student ..... Student Embalmer

Signed Payne A Davis

Licensed Embalmer No. 3424

P. O. Address Trenton Mo.

Note:- The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.