

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 853

FILED JAN 16 1950

BIRTH NO. 1471-50 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 15

0396  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>1121</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Springfield</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Marshfield Mo. 1</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Springfield Baptist Hospital</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Died unnamed</b> b. (Middle) <b>Smallbridge</b> c. (Last) <b>Smallbridge</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 6 1950</b>
5. SEX <b>M. D.</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>N</b>	8. DATE OF BIRTH <b>1-6-50</b>
9. AGE (In years last birthday) <b>1</b> <small>IF UNDER 1 YEAR</small> Months <b>0</b> Days <b>30</b> <small>IF UNDER 12 HRS.</small> Hours <b>1</b> Min. <b>30</b>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>	11. BIRTHPLACE (State or foreign country) <b>Springfield Mo. D.</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Bearl Smallbridge</b>	13b. MOTHER'S MAIDEN NAME <b>Katharine E McNabb</b>
14. NAME OF HUSBAND OR WIFE <b>none</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	
16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Ruth McNabb</b> ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>Spontaneous Miscarriage</b> <b>5th mo gestation</b> <b>unknown</b>			
MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Spontaneous Miscarriage</b> ANTECEDENT CAUSES (b) <b>unknown</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"/>			
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 <b>5</b> , 19 <b>50</b> , to <b>1-6</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>5 Jan</b> , 19 <b>50</b> , and that death occurred at <b>6:30</b> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>C. E. Feller M.D.</b>		23b. ADDRESS <b>409 Chem Springfield</b>	23c. DATE SIGNED <b>1-6-50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>1/6/50</b>	24c. NAME OF CEMETERY OR CREMATORY: <b>Hames Chapel</b>	24d. LOCATION (City, town, or county) (State) <b>Webster Co. Mo.</b>
DATE REC'D BY LOCAL REG. <b>1-9-50</b>	REGISTRAR'S SIGNATURE <b>W. J. Handley</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Baby was buried by the family</b> ADDRESS	

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**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

*Body was not embalmed. No Funeral*

*Baby was buried by the family.*

Signed \_\_\_\_\_

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.**