

FILED FEB 20 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7352

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 348 PRIMARY REG. DIST. NO. 4511 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <i>Sullivan</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo</i> b. COUNTY <i>Sullivan</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Harris</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Harris</i>	
c. LENGTH OF STAY (in this place)		1050	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <i>3</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>CLARA</i> b. (Middle) <i>MARINDA</i> c. (Last) <i>Smith</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Feb. 2 1950</i>			
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>Nov. 2 1877</i>	9. AGE (In years last birthday) <i>72</i>	10. UNDER 1 YEAR <i>3</i> Days	11. UNDER 12 HRS. <i>0</i> Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Putnam County Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>

13a. FATHER'S NAME <i>Sam Hulbert</i>		13b. MOTHER'S MAIDEN NAME <i>Harriet Spence</i>		14. NAME OF HUSBAND OR WIFE <i>George Smith</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mrs. Minnie Deering Harris Mo</i>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <i>2 mo.</i>  <i>10 yrs</i>  <i>331X</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>cerebral hemorrhage</i>		
	ANTECEDENT CAUSES DUE TO (b) <i>arterio-sclerosis</i> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		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) <i>2/2 1950</i>		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 *2/2 1950* to *2/2 1950*, that I last saw the deceased alive on *2/2 1950*, and that death occurred at *7:30 P.M.*, from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i> (Degree or title) <i>MD</i>		23b. ADDRESS <i>Harris Mo</i>		23c. DATE SIGNED <i>2/18/50</i>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY <i>Judson</i>		24d. LOCATION (City, town, or county) (State) <i>8 1/2 mi East of Harris Mo</i>	
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DATE REC'D BY LOCAL REG. <i>Feb. 16 - 50</i>		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>[Signature]</i>	
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(Licensed Embalmer's Statement on Reverse Side)

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

1050

RECEIVED FEB 17 1950  
District Health Officer No. 10  
District File Number 2-50-2  
Date Filed FEB 17 1950

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 T. Howard Gukl

Licensed Embalmer No. B 240

P. O. Address New Town

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.

*[Handwritten signature]*