

FILED MAR 16 1950

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19712**
Registrar's No. _____

BIRTH NO. _____ REG. DIST. NO. **5812** PRIMARY REG. DIST. NO. **232**

1. PLACE OF DEATH a. COUNTY Montgomery		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Montgomery	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Prairie		c. CITY (If outside corporate limits, write RURAL and give township) Middletown Rural Prairie	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 3 mi South of Middletown	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) Amelia	b. (Middle) Ann	c. (Last) Smith	4. DATE OF DEATH (Month) (Day) (Year) Mar 11 1950
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5. SEX F.	6. COLOR OR RACE W. Am	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan 14 1876	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours	IF UNDER 15 MIN. Min.
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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) Peruville, Mo	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Oscar T. Morgan	13b. MOTHER'S MAIDEN NAME Lucie	14. NAME OF HUSBAND OR WIFE Alexander Smith
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME Wm. B. Smith, Middletown Mo.	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 yr.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of left Breast.		
	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.		170A	

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) m.	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 **March 11, 1950**, to **March 11, 1950**, that I last saw the deceased alive on **March 11, 1950**, and that death occurred at **7:00 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Inscribed or title) Wiles H. Wells M.D.	23b. ADDRESS Willsville Mo	23c. DATE SIGNED 3/11/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar. 13, 1950	24c. NAME OF CEMETERY OR CREMATORY St Mary's	24d. LOCATION (City, town, or county) (State) Montgomery City MO
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DATE REC'D BY LOCAL REG. 3-12-1950	REGISTRAR'S SIGNATURE Joe T. Chapman	25. FUNERAL DIRECTOR'S SIGNATURE Abel Ritchey	ADDRESS Middletown Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 17 1957

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 *John H. Dittler*
Licensed Embalmer No. *4447*

P. O. Address *Dawley Green*

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.