

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15807**

FILED JUN 2 1950

BIRTH NO. _____ REG. DIST. NO. **10** PRIMARY REG. DIST. NO. **5036** Registrar's No. **95**

1. PLACE OF DEATH a. COUNTY Andrew County		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY Andrew	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wilson Twp R.R.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wilson Township	
c. LENGTH OF STAY (in this place) 2 yrs		d. STREET ADDRESS (If rural, give location) 4 1/2 miles W. of Hwy 54	
d. FULL NAME OF HOSPITAL OR INSTITUTION None			

3. NAME OF DECEASED a. (First) Maxy b. (Middle) Susan c. (Last) Smith		4. DATE OF DEATH (Month) (Day) (Year) 5-15-1950	
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) deceased	8. DATE OF BIRTH 5-12-1867	9. AGE (in years last birthday) 83	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Samuel Helms	13b. MOTHER'S MAIDEN NAME Frances Davis	14. NAME OF HUSBAND OR WIFE Thomas 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. None	17. INFORMANT'S SIGNATURE OR NAME Frances Marie Anxvasse 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 20 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General Senility DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			1500

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) _____	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 _____, 1948, to May 15, 1950, that I last saw the deceased alive on May 11, 1950, and that death occurred at 8:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. H. Thompson	23b. ADDRESS 1007 Anxvasse Mo.	23c. DATE SIGNED 5-17-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 5/17/1950	24c. NAME OF CEMETERY OR CREMATORY Thompson	24d. LOCATION (City, town, or county) (State) Thompson Mo.
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DATE REC'D BY LOCAL REG. May 20-1950	REGISTRAR'S SIGNATURE Blanche Neely	25. FUNERAL DIRECTOR'S SIGNATURE Fred A. Thompson ADDRESS Madison Mo.
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(Licensed Embalmer's Statement on Reverse Side)

No. 300
10-48

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

RECEIVED MAY 30 1950
District Health Officer No. 10
District File Number 5-50-903
Date Filed _____

JUN 2 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 _____

working under my personal supervision.

Student Embalmer No. _____

Signed Fred A. Thompson

Signed _____

Student Embalmer

Licensed Embalmer No. 1420

P. O. Address Madison, Wis.

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.