

THE DIVISION OF HEALTH OF MISSOURI
FILED JUN 12 1950 STANDARD CERTIFICATE OF DEATH

16189

State File No.

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 516

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

1. PLACE OF DEATH a. COUNTY <u>Burge</u> <u>GREEN E</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Green e</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>SPRINGFIELD</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Fairgroved, Jackson Twp</u> <u>1390</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>Fair Grove</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BURGE HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Nancy Emily</u> b. (Middle) <u>Smith</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>June 2, 1950</u>		
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5. SEX <u>F.</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>Dec. 23, 1869</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 2 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) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>In Home</u>		11. BIRTHPLACE (State or foreign country) <u>Hickory Bear/ Fair Grove</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>America</u>	
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13a. FATHER'S NAME <u>James A Wheeler</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy A. Andrews</u>		14. NAME OF HUSBAND OR WIFE <u>Leslie A. Smith</u>	
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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) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Gladys Smith</u>		ADDRESS <u>Fair Grove</u>	
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiovascular disease</u> ANTECEDENT CAUSES As for conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Advanced</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>442x</u>	
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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) (Minute)		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 May 25, 1950, to June 2, 1950, that I last saw the deceased alive on June 2, 1950, and that death occurred at 10:35am, from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title)		23b. ADDRESS <u>Springfield, Mo.</u>		23c. DATE SIGNED <u>6-2-50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 5 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Springfield Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>6-3-50</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. W. Klingner & Co.</u>		ADDRESS <u>Springfield</u>	
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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

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *W. A. Rhodes*

Licensed Embalmer No. *4071*

P. O. Address *Springfield*

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.