

FILED JUN 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20821**
Registrar's No. **157**

BIRTH NO. _____ REG. DIST. NO. **174** PRIMARY REG. DIST. NO. **565-2**

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lawrence	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lockwood R.R.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural 1550 Greene	
c. LENGTH OF STAY (in this place) 5yr.		d. STREET ADDRESS (If rural, give location) L	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence			

3. NAME OF DECEASED (Type or Print) Mary Etta Elba Smith			4. DATE OF DEATH (Month) (Day) (Year) 6-4-1950		
a. (First)	b. (Middle)		c. (Last)		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2-13-1875		9. AGE (In years last birthday) 75 IF UNDER 1 YEAR 8 Days IF UNDER 24 HRS. 21 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY housewife		11. BIRTHPLACE (State or foreign country) Farmington Ark	
13a. FATHER'S NAME David Beaver				13b. MOTHER'S MAIDEN NAME Mary Edmonson	
14. NAME OF HUSBAND OR WIFE John Smith				12. CITIZEN OF WHAT COUNTRY? USA	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME John Smith ADDRESS Lockwood R.R.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertension followed by apoplexy		DUPLICATE			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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 **Jan 3, 1950**, to **June 4, 1950**, that I last saw the deceased alive on **May 30, 1950**, and that death occurred at **11 P.** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) L. J. Halverson M.D.		23b. ADDRESS Miller Mo.		23c. DATE SIGNED June 2-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 56-6-50		24c. NAME OF CEMETERY OR CREMATORY Farmington Ark.		24d. LOCATION (City, town, or county) (State) West of Fayetteville Ark.	
DATE REC'D BY LOCAL REG. 6-7-50		REGISTRAR'S SIGNATURE W. S. Beaver		158		25. FUNERAL DIRECTOR'S SIGNATURE L.R. Luman ADDRESS Miller Mo.	

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

550

RECEIVED JUN 16 1950
District Health Office No. 6,
District File Number 650-683
Date Filed 6-16-50

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 L. R. Geiman

Licensed Embalmer No. 3297

P. O. Address Miller Mo.

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.