

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36609**

No. 300
10.48

FILED NOV 18 1950

BIRTH NO. _____ REG. DIST. NO. **103** PRIMARY REG. DIST. NO. **5417** Registrar's No. **23**

1. PLACE OF DEATH a. COUNTY DUNKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY DUNKLIN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RIVES	c. LENGTH OF STAY (in this place) 8 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RIVES 0350	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) a. (First) MANNIE b. (Middle) JANE c. (Last) SMITH			4. DATE OF DEATH (Month) (Day) (Year) NOVEMBER 6 1950			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 10-20-1890	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (State or foreign country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME JOHN BARKER	13b. MOTHER'S MAIDEN NAME LOUI ELLEN FROST	14. NAME OF HUSBAND OR WIFE WILLIAM 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 Calvert Evans ADDRESS HORNERSVILLE, MO.
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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 593X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bright's Disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension - nephritis DUE TO (c) _____ 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"/>
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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) Rives Dunklin MO
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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 **Oct 22**, 19**50**, to **NOV 1**, 19**50**, that I last saw the deceased alive on _____, 19____, and that death occurred at **4:05 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE W. Chapman M.D. (Degree or title)	23b. ADDRESS Steel, Mo.	23c. DATE SIGNED 11-3-50.
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 11-2-50.	24c. NAME OF CEMETERY OR CREMATORY TAYLOR CEMETERY	24d. LOCATION (City, town, or county) (State) ESSEX MISSOURI
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DATE REC'D BY LOCAL REG. 11-10-50	REGISTRAR'S SIGNATURE Bertha Kunsch	25. FUNERAL DIRECTOR'S SIGNATURE EMERSONSON ADDRESS London, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

350
1

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 11-15-50

COUNTY FILE NUMBER 1150-305

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. T. Emerson

Licensed Embalmer No. 358

P. O. Address Janesboro Ark

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.