

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41623

State File No.

FILED DEC 27 1950

BIRTH NO. _____ REG. DIST. NO. 248 PRIMARY REG. DIST. NO. 5844 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY <u>Newton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Seneca</u>		c. LENGTH OF STAY (In this place) <u>10 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Seneca</u>		0730		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 mi E. of Seneca</u>				d. STREET ADDRESS (If rural, give location) <u>4 mi E. of Seneca</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ida</u> b. (Middle) <u>Irene</u> c. (Last) <u>Smith</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12/11/50</u>					
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov. 11, 1886</u>		9. AGE (In years last birthday) <u>64</u>	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) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Jacob D. Gallen</u>		13b. MOTHER'S MAIDEN NAME <u>Statera</u>		14. NAME OF HUSBAND OR WIFE <u>Ben Smith</u>				
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Mae Hottel, Seneca, Mo. Ste 2</u>				
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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>				DUE TO (b) <u>Vascular Hypertension</u>				<u>3 hrs.</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				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.								<u>3 2 1 V</u>
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 <u>Dec 11, 1950</u> , to <u>Dec 11, 1950</u> , that I last saw the deceased alive on <u>Dec 11, 1950</u> , and that death occurred at <u>10:30 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>John B. Roberts D.O. 2</u>				23b. ADDRESS <u>Seneca Mo.</u>		23c. DATE SIGNED <u>12/13/50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>12/13/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Spartan Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Newton Co. Missouri</u>			
DATE REC'D BY LOCAL REG. <u>12/13/50</u>		REGISTRAR'S SIGNATURE <u>Phyllis Brito by deputy</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. B. Reddick Seneca Mo</u>				

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. Newton
District File Number 1250-279
Date Filed 12/20/50

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 W E Biddlecome

Licensed Embalmer No. 2174

P. O. Address Seneca

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.