

FILED FEB 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2115

BIRTH NO. _____		REG. DIST. NO. <u>4</u>		PRIMARY REG. DIST. NO. <u>5945</u>		Registrar's No. <u>3</u>	
1. PLACE OF DEATH a. COUNTY <u>Phelps</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural North Dillon</u>		c. LENGTH OF STAY (In this place) <u>1 mo +</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural North Dillon</u>		<u>06 80</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fendale Nursing Home</u>				d. SECRET ADDRESS (If rural, give location) <u>Clarksburg, Mo Rt #1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ludena</u> b. (Middle) <u>E</u> c. (Last) <u>Smart</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 21, 1951</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 9, 1876</u>		9. AGE (In years last birthday) <u>75</u>	10 UNDER 1 YEAR Months <u>10</u> Days <u>12</u>	11 UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Tom J. Collins</u>		13b. MOTHER'S MAIDEN NAME <u>George Ann Waldon</u>		14. NAME OF HUSBAND OR WIFE <u>Unknown</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. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Noomi E. Haacke</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bacterial Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>Influenza</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension Anemia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>7 day</u> <u>4 day</u> <u>480x</u> <u>2 year</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)		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>Jan. 11, 1951</u> , to <u>Jan 21, 1951</u> , that I last saw the deceased alive on <u>Jan 19, 1951</u> , and that death occurred at <u>6:30 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>C. Hammler M.D.</u> (Degree or title)				23b. ADDRESS <u>St. James Inv.</u>		23c. DATE SIGNED <u>I-21-1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/23/1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Flag Spring Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>California</u>		No
DATE REC'D BY LOCAL REG <u>Jan-21-51</u>		REGISTRAR'S SIGNATURE <u>Cora E. Birmingham</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Teard R. Bowlin</u>		ADDRESS <u>California</u>	

RECEIVED

Phelps County Health Officer,

County File Number _____

Date Filed 2/6/51

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 _____

Jack H. Bowlin

working under my personal supervision.

Student Embalmer No. 392

Signed Jack H. Bowlin
Student Embalmer

Signed Earl R. Bowlin

Licensed Embalmer No. 2126

P. O. Address California, 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.