S. No. 300
v. 10.48

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FILED MAR 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4305

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 4161 Registrar's No. 19

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

1. PLACE OF DEATH
a. COUNTY: Daviess
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jameson
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ---

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Daviess
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jameson
d. STREET ADDRESS (If rural, give location): ---

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3. NAME OF DECEASED (Type or Print)
a. (First): Caroline
b. (Middle): ---
c. (Last): Smith

4. DATE OF DEATH (Month) (Day) (Year): Feby. 14 1951

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feby. 21 1861
9. AGE (In years last birthday): 89 — IF UNDER 1 YEAR Months: 11 Days: 23 — IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Douglas Co. Indiana
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John Schuler
13b. MOTHER'S MAIDEN NAME: Nancy Jane Meyers
14. NAME OF HUSBAND OR WIFE: Ebenezer Smith

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 ADDRESS: Chas. Smith, Jameson, Missouri

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): Cardiovascular Renal
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Failure
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH: 10 days
442 X

19a. DATE OF OPERATION: 23 Feby. 1951
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☑ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feby 4, 1951, *to* Feby 14, 1951, *that I last saw the deceased alive on* Feby 13, 1951, *and that death occurred at* 6 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. B. Graham MD
23b. ADDRESS: Jameson Mo
23c. DATE SIGNED: Feby 23 51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-17-1951
24c. NAME OF CEMETERY OR CREMATORY: Grand River Cemetery
24d. LOCATION (City, town, or county) (State): Jameson, Mo

DATE REC'D BY LOCAL REG.: 23 Febr. 1951
REGISTRAR'S SIGNATURE: Virginia M. Engelhart 81
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: L. Richisson, Hope Funeral Home, Gallatin, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
DISTRICT
HEALTH OFFICE
CAMDEN, MO.

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. O. Richerson

Licensed Embalmer No. 3307

P. O. Address Fullerton, 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.