

FILED APR 27 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 13317

BIRTH NO. _____ REG. DIST. NO. 222 PRIMARY REG. DIST. NO. 4333 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Moniteau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Moniteau	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clarksburg		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clarksburg	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	
3. NAME OF DECEASED (Type or Print) ELLA MAY SMITH a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Apr. 21, 1951
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, married	8. DATE OF BIRTH May 20, 1879
9. AGE (In years last birthday) 71		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (State or foreign country) Moniteau county, Mo.
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Hartley Sappington		13b. MOTHER'S MAIDEN NAME Kaytherine Baylor	14. NAME OF HUSBAND OR WIFE Louis Smith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Louis Smith, Clarksburg, Mo.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension - c DUE TO (c) Myocardial Infarction 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) 4201
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?
22. I hereby certify that I attended the deceased from 4-20 , 1951, to 4-21 , 1951, that I last saw the deceased alive on 4-20 , 1951, and that death occurred at 1:00 A. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Dr. D. L. Robert Do. M.		23b. ADDRESS Tipton, Mo	23c. DATE SIGNED 4-23-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/23/51	24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery	24d. LOCATION (City, town, or county) (State) Clarksburg, Moniteau, Mo.
DATE REC'D BY LOCAL REG. 4-24-51	REGISTRAR'S SIGNATURE Suebeh Douglas Reg.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WILLIAMS FUNERAL HOME, California, Mo.	

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

0680

0680

RECEIVED 4-26-61

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 4-26-61

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

H. E. Friedman

Signed _____
Student Embalmer

Licensed Embalmer No. 2857

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.