

FILED APR 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15422
Registrar's No. 3

BIRTH NO. _____		REG. DIST. NO. 372		PRIMARY REG. DIST. NO. 6263		Registrar's No. 3			
1. PLACE OF DEATH a. COUNTY WEBSTER				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo				b. COUNTY WEBSTER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Seymour RFD 4		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RFD. 4 Rural Finley		d. STREET ADDRESS (If rural, give location) 1120 A			
d. FULL NAME OF HOSPITAL OR INSTITUTION Rural Finley				3. NAME OF DECEASED a. (First) SARAH				b. (Middle) SUSAN	
				c. (Last) SMITH		4. DATE OF DEATH (Month) (Day) (Year) 4-3-1951			
5. SEX 7 /		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <input checked="" type="checkbox"/>		8. DATE OF BIRTH 4-1-1867			
				9. AGE (In years last birthday) 84		IF UNDER 1 YEAR Months 0 Days 2			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Horse Work		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) IOWA		12. CITIZEN OF WHAT COUNTRY? U.S.A			
13a. FATHER'S NAME PHELIPS GORE			13b. MOTHER'S MAIDEN NAME SUSAN ROBINSON			14. NAME OF HUSBAND OR WIFE J.A. SMITH			
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS ZELLA KELLER BRISTOW OKLA					
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.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized febrile peritonitis Septic DUE TO (b) Embolic Mortarum Infarct DUE TO (c) Subacute Bacterial Endocarditis Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Conditions contributing to the death but not related to the disease or condition causing death. Endo Carditis Myocardial Infarction				INTERVAL BETWEEN ONSET AND DEATH 5 days 5 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION NO AUTOPSY							
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 <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 4/10/48, 19____, to 4/3, 1951, that I last saw the deceased alive on 4/3, 1951, and that death occurred at 9:25 A.M., from the causes and on the date stated above.									
23a. SIGNATURE J. R. Hill (Degree or title) D.O.				23b. ADDRESS Seymour Mo		23c. DATE SIGNED 4/6/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Rural		24b. DATE 4-3-1951		24c. NAME OF CEMETERY OR CREMATORY BRIDLEY		24d. LOCATION (City, town, or county) (State) I.M.W. SEYMOUR MO			
DATE REC'D BY LOCAL REG. 4-8-51		REGISTRAR'S SIGNATURE Gilbert Jones		34 1/2 FUNERAL DIRECTOR'S SIGNATURE KENNEY TERRELL BERGMAN		ADDRESS MO SEYMOUR			

(Licensed Embalmer's Statement on Reverse Side)

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

1120

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED APR 10 1951

Dist. File 452-746

Date Filed 4-10-51

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 _____

DON FENNEL

Student Embalmer No. 397

working under my personal supervision.

Student

Don L. Jewell
Student Embalmer

Signed

Max J. Miller

Licensed Embalmer No. 4720

P. O. Address Seymour 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.