

FILED NOV 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37979

State File No.

BIRTH NO.		REG. DIST. NO. <u>175</u>		PRIMARY REG. DIST. NO. <u>30316</u>		Registrar's No. <u>91</u>	
1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Aurora</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Aurora</u>		555	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>804 McNatt St.</u>				d. STREET ADDRESS (If rural, give location) <u>804 McNatt St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Marie</u> b. (Middle) <u>V.</u> c. (Last) <u>Smith</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 25, 1951</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>May 17, 1900</u>	
9. AGE (In years last birthday) <u>51</u>		10. UNDER 1 YEAR (Months) <u>5</u>		11. UNDER 24 HRS. (Hours) <u>8</u>		9. AGE (In years last birthday) <u>51</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Juvenile Shoe Corp.</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Sheemaking</u>			11. BIRTHPLACE (State or foreign country) <u>Bergman, Arkansas</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13a. FATHER'S NAME <u>James T. Jackson</u>			13b. MOTHER'S MAIDEN NAME <u>Ida Bell Jackson</u>			14. NAME OF HUSBAND OR WIFE <u>Joe Smith-Aurora, Mo.</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>486-03-7029</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Joe Smith - Aurora, Missouri</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>Carcinoma of Uterus</u>							
INTERVAL BETWEEN ONSET AND DEATH							
ANTECEDENT CAUSES							
Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.							
DUE TO (c)							
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 <u>174X</u>					
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>July 1, 1951</u> , to <u>Oct. 25, 1951</u> , that I last saw the deceased alive on <u>Oct. 21, 1951</u> , and that death occurred at <u>4:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>M. H. Herron, M.D.</u> (Degree or title)				23b. ADDRESS <u>Aurora, Mo.</u>		23c. DATE SIGNED <u>Oct 26-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/27/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maple Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Aurora, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Nov 1-51</u>		REGISTRAR'S SIGNATURE <u>Ora Mc Natt</u> <u>157</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Oscar L. Marsh, Aurora, Mo.</u>			

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

APR 9 1952

~~Date Filed 11-16-51~~
~~Dist. File 1137-2037~~
RECEIVED NOV 8 1951
DIVISION OF HEALTH OF MD.
District No. 5 - Springfield

NOV 5 1950

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.....

Herbert E. Hayes

Student Embalmer No. *428*

working under my personal supervision.

Student *Herbert E. Hayes*
Student Embalmer

Signed *Oscar L. Marsh*

Licensed Embalmer No. *3812*

P. O. Address *Aurora, 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.