No. 300
10-48

FILED DEC 31 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40612

State File No. ...

BIRTH NO. ____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004 Registrar's No. 80

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

1. PLACE OF DEATH
a. COUNTY: Barton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lamar
c. LENGTH OF STAY (in this place): 4 Dec
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hosp. Lamar Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Cedar 020
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerico Spg. 1
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) NORA b. (Middle) B c. (Last) SMITH

4. DATE OF DEATH (Month) (Day) (Year): 12 8 1951

5. SEX: F 1
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: 12-19-1878
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Keeper
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Louisville - Kent. 1
12. CITIZEN OF WHAT COUNTRY?:

13a. FATHER'S NAME: ADOLF-MORRIS
13b. MOTHER'S MAIDEN NAME: SARAH - TURPIN
14. NAME OF HUSBAND OR WIFE: OSCAR-T. 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: Oscar T. Smith, ADDRESS: Jerico Spg. Mo

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) Hypertensive Cardiovascular disease — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) c̄ cardiac decompensation Arteriosclerosis — years
DUE TO (c) c̄ gangrene of rt foot — removed surgically → 2 mos

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Surgical amputation Rt leg above knee — 2 days

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4501
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* 9/15/51 *19*__, *to* 12/8/51 *19*__, *that I last saw the deceased alive on* 12/8/51 *19*__, *and that death occurred at* 8:30 *P.m., from the causes and on the date stated above.*

23a. SIGNATURE: A. R. Cain (Degree or title) P.D.O.
23b. ADDRESS: Lamar Missouri
23c. DATE SIGNED: 12/10/51

24a. BURIAL, CREMATION, REMOVAL (Specify): removal 4
24b. DATE: 12-10-1951
24c. NAME OF CEMETERY OR CREMATORY: Goodlawn Cem.
24d. LOCATION (City, town, or county) (State): Independence, Mo

DATE REC'D BY LOCAL REG.: DEC 10 1951
REGISTRAR'S SIGNATURE: Marie Konantz 14
25. FUNERAL DIRECTOR'S SIGNATURE: Wm. A. Long, ADDRESS: Jerico Spg. Mo

(Licensed Embalmer's Statement on Reverse Side)

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield
RECEIVED DEC 21 1951
Dist. File 12-51-3199
Date Filed 12-28-51

JAN 2 1952

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 [illegible] P. Long
Licensed Embalmer No. 3714
P. O. Address Jerico Spg.

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.