

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43768**

FILED JAN 3 - 1952

BIRTH NO. _____ REG. DIST. NO. **340** PRIMARY REG. DIST. NO. **3075** Registrar's No. **95**

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1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dexter,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dexter, Mo. 12 31	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) D	

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Elizabeth c. (Last) Smith			4. DATE OF DEATH (Month) (Day) (Year) Dec. 15, 1951		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 18, 1882	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Housekeeping	11. BIRTHPLACE (State or foreign country) Ridgeway, Ill.	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME Samuel Boyer	13b. MOTHER'S MAIDEN NAME Kate Gross,	14. NAME OF HUSBAND OR WIFE George Smith Dexter, Mo
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME George Smith Dexter, Mo.	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH few minutes Unknown
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) (Min.)	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 **13 Dec 1951**, to **15 Dec, 1951**, that I last saw the deceased alive on **13 Dec, 1951**, and that death occurred at **4:30 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE J. K. Waddell M.D. (Degree or title)	23b. ADDRESS Dexter Mo	23c. DATE SIGNED 17 Dec 1951
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 17, 51	24c. NAME OF CEMETERY OR CREMATORY Dexter, Cemetery	24d. LOCATION (City, town, or county) (State) Dexter, Mo. Mo.
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DATE REC'D BY LOCAL REG. 12/24/51	REGISTRAR'S SIGNATURE Velma V. Jenkins	25. FUNERAL DIRECTOR'S SIGNATURE Watkins Funeral Service	ADDRESS Dexter, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 20 1955

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

Walter H. ...

Signed.....

Student Embalmer

Licensed Embalmer No.

P. O. Address.

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.