

FILED MAR 17 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7843**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **82** PRIMARY REG. DIST. NO. **3017** Registrar's No. **24**

1. PLACE OF DEATH  
 a. COUNTY **Cooper**  
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Boonville**  
 c. LENGTH OF STAY (In this place) **1 hrs**  
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **St Joseph Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
 a. STATE **Missouri** b. COUNTY **Howard**  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Fayette**  
 d. STREET ADDRESS (If rural, give location) **306 E. Davis St.**

3. NAME OF DECEASED (Type or Print)  
 a. (First) **Margaret** b. (Middle) **Florence** c. (Last) **Smith**  
 4. DATE OF DEATH (Month) (Day) (Year) **Mar. 2, 1952**

5. SEX **Female** 3 6. COLOR OR RACE **Negro** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **Aug. 10, 1913** 9. AGE (In years last birthday) **38** IF UNDER 1 YEAR Months Days IF UNDER 1 YEAR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **housewife** 10b. KIND OF BUSINESS OR INDUSTRY **Own Home** 11. BIRTHPLACE (State or foreign country) **Howard Co. Missouri** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Unknown** 13b. MOTHER'S MAIDEN NAME **Letha Payne** 14. NAME OF HUSBAND OR WIFE **Jesse Smith Fayette Mo**

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. **None** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Jesse Smith Fayette, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.  
 MEDICAL CERTIFICATION  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Air Embolism** INTERVAL BETWEEN ONSET AND DEATH **Immediate**  
 ANTECEDENT CAUSES  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 DUE TO (b) **Ruptured ectopic pregnancy? Day**  
 DUE TO (c) **Severe anemia** **? Day**  
 II. OTHER SIGNIFICANT CONDITIONS  
 Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION **3/1/52** 19b. MAJOR FINDINGS OF OPERATION **ruptured placenta full of blood clots - Indurated preg** 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) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? **6450**

22. I hereby certify that I attended the deceased from **1:30 p.m. 3/1/52** to **7:15 p.m. 3/2/52**, that I last saw the deceased alive on **3/2**, 19**52**, and that death occurred at **7:45** p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Harold L. Hillen, M.D.** 23b. ADDRESS **329 Main, Boonville, Mo** 23c. DATE SIGNED **3/10/52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **removal** 24b. DATE **3/2/52** 24c. NAME OF CEMETERY OR CREMATORY **Fayette City Cemetery Fayette,** 24d. LOCATION (City, town, or county) (State) **Mo**

DATE REC'D BY LOCAL REG. **3-10-52** REGISTRAR'S SIGNATURE **D. Hooper 3810** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Joseph A. Carr Fayette, Mo**

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

270

APR 1972

**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

*Ralph A. Carr*

Signed.....

Student Embalmer

Licensed Embalmer No. *3340*

P. O. Address. *Fayette 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.