

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11652**

FILED MAR 17 1952

BIRTH NO. _____		REG. DIST. NO. 324	PRIMARY REG. DIST. NO. 3072	Registrar's No. 671 56
1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Saline		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall		c. LENGTH OF STAY (In this place) 19 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall 0972
d. FULL NAME OF HOSPITAL OR INSTITUTION 835 East Eastwood		d. STREET ADDRESS (If rural, give location) 835 East Eastwood B		
3. NAME OF DECEASED (Type or Print) a. (First) Blanche		b. (Middle) Hudson		c. (Last) Smith
4. DATE OF DEATH March 10, 1952		5. SEX Female / 6. COLOR OR RACE White		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept. 4, 1881		9. AGE (In years last birthday) 70
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (City and State or Foreign Country) Kentucky /
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Thomas Hudson		
13b. MOTHER'S MAIDEN NAME Mildred Moreland		14. NAME OF HUSBAND OR WIFE Rev. Harvey Baker 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. None		17. INFORMANT'S SIGNATURE OR NAME Rev. H.B. Smith, Marshall, Mo. ADDRESS _____
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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Acute Myocardial infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 5 minutes
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 4201 (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 3-10, 1952 , to 3-10, 1952 , that I last saw the deceased alive on 11-10-1952 , and that death occurred at 11-16 p.m. , from the causes and on the date stated above.				
23a. SIGNATURE H. L. L. L. (Degree or title) _____		23b. ADDRESS Marshall, Mo.		23c. DATE SIGNED 3-11-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mch. 12, 1952		24c. NAME OF CEMETERY OR CREMATORY Ridge Park cemetery
24d. LOCATION (City, town, or county) Marshall, Mo.		(State) _____		
DATE REC'D BY LOCAL REG. Mar. 12, 1952		REGISTRAR'S SIGNATURE Bedway J. Gray 385		25. FUNERAL DIRECTOR'S SIGNATURE Campbell-Lewis ADDRESS Marshall Mo.

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

Mar. 20 1959

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 AW Campbell Jr.

Licensed Embalmer No. 3469

P. O. Address Marshall - 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.