

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13872

357 State File No.
4245 Registrar's No. 63

FILED APR 29 1952

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 4245

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

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Alba		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Alba	
c. LENGTH OF STAY (in this place) 70yrs		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) LULA	b. (Middle) ESTELLA	c. (Last) SMITH	4. DATE OF DEATH (Month) (Day) (Year) April 19, 1952
-------------------------------------	-----------------	---------------------	-----------------	--

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 13, 1881	9. AGE (In years last birthday) 70	10. MONTHS 11	11. DAYS 6	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---------------	------------------------	--	-------------------------------	------------------------------------	---------------	------------	-------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (City and State or Foreign Country) Iowa	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	---	---	-------------------------------------

13a. FATHER'S NAME Tillman Fox	13b. MOTHER'S MAIDEN NAME Byrd Collins	14. NAME OF HUSBAND OR WIFE Jerry E. Smith
--------------------------------	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 539-22-3298	17. INFORMANT'S SIGNATURE OR NAME Jerry E. Smith	ADDRESS Alba, Missouri
--	-------------------------------------	--	------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 Hours.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Failure		DUE TO (b) Coronary Occlusion		3 hours
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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"/>
------------------------	----------------------------------	--

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 <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 4/18/ 19 52, to 4/19/ 1952, that I last saw the deceased alive on 4/19 1952, and that death occurred at 9 A.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D.O.	23b. ADDRESS Alba, Mo.	23c. DATE SIGNED 4/21/52
---------------------------------------	------------------------	--------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 21, 1952	24c. NAME OF CEMETERY OR CREMATORY Friends Cemetery	24d. LOCATION (City, town, or county) (State) Purcell, Missouri
--	--------------------------	---	---

DATE REC'D BY LOCAL REG. 4-20-52	REGISTRAR'S SIGNATURE Mrs. Madeline Switzer	25. FUNERAL DIRECTOR'S SIGNATURE Hedge Lewis	ADDRESS Webb City, Mo.
----------------------------------	---	--	------------------------

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 4-28-52
Jasper County Health Office

County File Number 52/4/38
Date Filed 4-28-52

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 Richard Gray Lewis

Licensed Embalmer No. 7485

P. O. Address Webb City 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.