

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19594

State File No. _____
RECEIVED
REGISTRAR'S No. 10291

FILED JUN 26 1952

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>	
1. PLACE OF DEATH a. COUNTY <u>Butler</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>		
b. CITY OR TOWN <u>Kaplan Bluff</u>		c. LENGTH OF STAY (in this place) <u>3 wks.</u>	c. CITY OR TOWN <u>Patterson</u>		d. STREET ADDRESS (If rural, give location) _____
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Kaplan Bluff Hospital</u>			d. STREET ADDRESS (If rural, give location) _____		
3. NAME OF DECEASED (Type or Print) <u>MARGARET</u>		a. (First)	b. (Middle) <u>AUTLEE</u>	c. (Last) <u>SMOOT</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>6-16-52</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 11, 1905</u>	9. AGE (In years last birthday) <u>46</u>	10. MONTHS <u>6</u>
				YEAR <u>5</u>	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Mo. Selva</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Albert Montgomery</u>		13b. MOTHER'S MAIDEN NAME <u>Chola Jewell</u>		14. NAME OF HUSBAND OR WIFE <u>Leamon Buster Smoot</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Leamon B. Smoot</u> ADDRESS <u>Patterson Mo.</u>		
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) <u>Pressure poisoning</u>			INTERVAL BETWEEN ONSET AND DEATH _____		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Nephritis</u>					
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) _____		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 <u>6-11</u> , 19 <u>52</u> , to <u>6-16</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>6-16</u> , 19 <u>52</u> , and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE <u>I M. Henschel M.D.</u>		23b. ADDRESS <u>15th Bluff Ave</u>		23c. DATE SIGNED <u>6-20-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6/18/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Montgomery Chapel</u>	24d. LOCATION (City, town, or county) <u>Selva Mo.</u>	(State) _____	
DATE REC'D BY LOCAL REG. <u>6-21-52</u>	REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u>		2. FUNERAL DIRECTOR'S SIGNATURE <u>Leamon B. Smoot</u>	ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED
JUN 24 1952

BUTLER CO. HEALTH CENTER

FILE No. 652-325

EX-101

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 _____

Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Martin E. Bowle*

Licensed Embalmer No. 4444

P. O. Address *Butler, Pa.*

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.