

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23247**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **3072** Registrar's No. **127**

1972

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

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <b>Saline</b>	b. CITY (If outside corporate limits, write RURAL and give township) <b>Marshall</b>	a. STATE <b>Missouri</b>	b. COUNTY <b>Saline</b>
c. LENGTH OF STAY (in this place) <b>10yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Marshall</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>568 S. Brunswick</b>		d. STREET ADDRESS (If rural, give location) <b>568 S. Brunswick</b>	

<b>3. NAME OF DECEASED</b>			<b>4. DATE OF DEATH</b>		
a. (First) <b>Elnoria</b>	b. (Middle) <b>V.</b>	c. (Last) <b>Smiley</b>	(Month) <b>June</b>	(Day) <b>15</b>	(Year) <b>52</b>

<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>Negro</b>	<b>7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>July 13, 1900</b>	<b>9. AGE (In years last birthday)</b> <b>51</b>	<b>IF UNDER 1 YEAR</b> Months <b>11</b> Days <b>17</b>	<b>IF UNDER 24 HRS.</b> Hours <b>17</b> Min.
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<b>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)</b> <b>School Teacher</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Teaching</b>	<b>11. BIRTHPLACE (State or foreign country)</b> <b>Srdalia Pettis County, Mo.</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>
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<b>13a. FATHER'S NAME</b> <b>Linn Brown</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Plina Green</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Edward E. Smiley</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)</b> <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> .....	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Ed. E. Smiley</b>	<b>ADDRESS</b> <b>Marshall, Missouri</b>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>  <b>8 hrs</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)</b> <b>Ch. Parenchymatous Nephritis</b>		
	<b>ANTECEDENT CAUSES</b> <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> <b>DUE TO (b)</b> <b>DUE TO (c)</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS*</b> <b>Conditions contributing to the death but not related to the disease or condition causing death.</b> <b>Hypertension</b>			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>691X</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from Feb 25, 1952 to June 15, 1952 that I last saw the deceased alive on June 15, 1952, and that death occurred at 9:30p.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <i>[Signature]</i>	(Degree or title) <b>M.D.</b>	<b>23b. ADDRESS</b> <b>Marshall, Missouri</b>	<b>23c. DATE SIGNED</b> <b>6/16/52</b>
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<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>	<b>24b. DATE</b> <b>June 19, 1952</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Crown Hill Cemetery</b>	<b>24d. LOCATION (City, town, or county) (State)</b> <b>Sedalia, Missouri</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>June 17, 1952</b>	<b>REGISTRAR'S SIGNATURE</b> <i>[Signature]</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <i>[Signature]</i>	<b>ADDRESS</b> <b>Marshall Mo</b>
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SEP 5 1957

NOV 11 1957

**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 George H. Green

Licensed Embalmer No. 4220

P. O. Address Wichita, 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.