

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **27453**
 Registrar's No. **119**

FILED AUG 20 1952

BIRTH NO. _____ REG. DIST. NO. **59** PRIMARY REG. DIST. NO. **5219**

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Missouri b. COUNTY Cass	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Garden City - Rural	c. LENGTH OF STAY (In this place) 45 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Garden City - Rural 0190	d. STREET ADDRESS (If rural, give location) 3 1/2 M. N.W. Camp Branch Twp.
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 1/2 M. N.W. - Camp Branch			

3. NAME OF DECEASED (Type or Print) a. (First) Mirtie b. (Middle) Maggie c. (Last) Smith			4. DATE OF DEATH (Month) (Day) (Year) Aug. 8 - 1952		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 10 - 1867		9. AGE (In years last birthday) 85
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Smiths Grove Kas	
13a. FATHER'S NAME William Wright		13b. MOTHER'S MAIDEN NAME Mollie Jones		14. NAME OF HUSBAND OR WIFE W.T. Smith	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Richard Smith - Richmond Kasas			
---	-------------------------------------	---	--	--	--

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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis 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) Massive Pulmonary Hemorrhage 30 mi 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"/> CO2X
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 **Dec 1951**, to **8 Aug, 1952** that I last saw the deceased alive on **8 Aug, 1952**, and that death occurred at **9 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE Leoburn D.H. Ellis Jr (Degree or title)	23b. ADDRESS Garden City Mo	23c. DATE SIGNED 9 Aug 52
---	------------------------------------	----------------------------------

24a. BURIAL CREMATION REMOVAL (Specify) Burial	24b. DATE Aug 11 - 52	24c. NAME OF CEMETERY OR CREMATORY Garden City Cemetery	24d. LOCATION (City, town, or county) (State) Garden City, Missouri
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Aug 11, 1952	REGISTRAR'S SIGNATURE Lora Barnard 457-0	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS A. K. Hinson & Picky - Garden City, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

1190

SEP - 2 1952

RECEIVED
AUG 16 1952
CASS COUNTY
HEALTH DEPARTMENT

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 Ray J. Slitz
Licensed Embalmer No. 4685

P. O. Address Waukegan City, Ill.

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.