

BIRTH NO. _____		REG. DIST. NO. <u>141</u>		PRIMARY REG. DIST. NO. <u>3025</u>		Registrar's No. <u>13</u>	
1. PLACE OF DEATH a. COUNTY <u>Newell</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Newell</u>			
b. CITY OR TOWN <u>West Plains</u>		c. LENGTH OF STAY (In this place) <u>5 yrs</u>		c. CITY OR TOWN <u>West Plains, Mo</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>Lincoln Ave 0461</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rosie</u>		b. (Middle) <u>Jane</u>		c. (Last) <u>Smith</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9-30-52</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>		8. DATE OF BIRTH <u>3/7-1869</u>	
9. AGE (In years last birthday) <u>83</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Georgetown, Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Elyah Lee</u>		13b. MOTHER'S MAIDEN NAME <u>Sally Breslau</u>		14. NAME OF HUSBAND OR WIFE <u>W.S. Smith</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mary Johnston West Plains</u> 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertension, chronic</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> <u>DUO TO HYPERTENSION & ARTERIOSCLEROSIS</u> <u>DUO TO URINARY INCONTINENCE</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND 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) <u>443 X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		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>18 Sept, 1952</u> to <u>30 Sept, 1952</u> , that I last saw the deceased alive on <u>28 Sept, 1952</u> , and that death occurred at <u>3:25 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Robert D. M.D.</u> (Degree or title)				23b. ADDRESS <u>West Plains, Mo</u>		23c. DATE SIGNED <u>OCT 22 1952</u>	
24a. BURIAL CREMATION REMOVAL (Specify) <u>B</u>		24b. DATE <u>10/2-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Noneland</u>		24d. LOCATION (City, town, or county) (State) <u>West Plains Mo</u>	
DATE REC'D BY LOCAL REG. <u>11-8-52</u>		REGISTRAR'S SIGNATURE <u>Beatrice COOK</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Robert West Plains Mo</u>		ADDRESS _____	

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

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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

H. D. Roberts

Licensed Embalmer No. *343*

P. O. Address *West Plains 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.