

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **861**

FILED FEB 7 1953

BIRTH NO. _____ REG. DIST. NO. **99** PRIMARY REG. DIST. NO. **5380** Registrar's No. **11**

320
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY DeKalb | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY DeKalb | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clarksdale, Wash, twp. Life | | c. CITY (If outside corporate limits, write RURAL and give township) 6320 OR TOWN Clarksdale, Rural, Wash, twp. 2 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION. Home, 3, Mi, N.W. | | d. STREET ADDRESS (If rural, give location) 3 Miles, N.W. of town | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Sarah b. (Middle) Rebecca c. (Last) Smith | | 4. DATE OF DEATH (Month) Jan , (Day) 27 (Year) 53 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH June, 16, 1875 |
| 9. AGE (In years last birthday) 77 | | IF UNDER 1 YEAR Months 7 Days 11 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Home | 11. BIRTHPLACE (State or foreign country) Mo |
| 13a. FATHER'S NAME John Hideman | | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE Bird Smith |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. XXXXX | 17. INFORMANT'S SIGNATURE OR NAME Bird Smith ADDRESS Clarksdale Mo |

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|--|--|--|--|--|
| 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. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia | | INTERVAL BETWEEN ONSET AND DEATH 7 days |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (b) Myocardial Infarction | | 1 year |
| | | DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 4222 | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 **Jan 1952**, to **Jan 27, 1953**, that I last saw the deceased alive on **Jan 27, 1952**, and that death occurred at **7:30 p. m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE E. J. King (Degree or title) DO. | 23b. ADDRESS Stewartsville, Mo. | 23c. DATE SIGNED 2-4-53 |
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|---|--------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 1-30-53 | 24c. NAME OF CEMETERY OR CREMATORY Memorial Park | 24d. LOCATION (City, town, or county) (State) St Joseph, Mo. |
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| DATE REC'D BY LOCAL REG. 2-6-53 | REGISTRAR'S SIGNATURE Roscoe Davidson | 25. FUNERAL DIRECTOR'S SIGNATURE John Bean ADDRESS Maysville Mo |
|--|--|---|

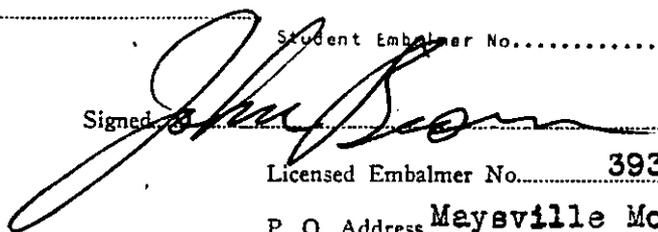
JAN 14 1968

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.....

working under my personal supervision.

Signed.....
Student Embalmer

Signed .....
Student Embalmer No.....

Licensed Embalmer No. 3933

P. O. Address Maysville 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.