

V. S. No. 300  
Rev. 10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5192**

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

**FILED MAR 5 - 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 17

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Clay</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived; if institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (if outside corporate limits, write RURAL and give township) <u>Excelsior Springs</u>		c. CITY (if outside corporate limits, write RURAL and give township) <u>Excelsior Springs</u> 60020	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (if rural, give location) <u>724 Magnolia</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>724 Magnolia</u>			
<b>3. NAME OF DECEASED</b> a. (First) <u>CORA</u>		b. (Middle) <u>ESTELLE</u>	
		c. (Last) <u>SMITHPETER</u>	
<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Feb. 6 1953</u>			
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widowed</u>	<b>8. DATE OF BIRTH</b> <u>June 27, 1867</u>
<b>9. AGE</b> (In years last birthday) <u>85</u>	<b># UNDER 1 YEAR</b> Months _____ Days _____	<b># UNDER 1 Wks.</b> Hours _____ Min. _____	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>at home</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>none</u>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Richmond Virginia</u>	
<b>12. CITIZEN OF WHAT COUNTRY</b> <u>USA</u>			
<b>13a. FATHER'S NAME</b> <u>Dr. Charles Powers</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Alice Williams</u>	
<b>13c. NAME OF HUSBAND OR WIFE</b> <u>John Smithpeter</u>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>No</u>	<b>16. SOCIAL SECURITY NO.</b> <u>None</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Elma Dickerson</u>	
<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>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Varicella -</u>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>10 days</u>	
<b>II. ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u>Rupture of Basal</u>		<u>27 days</u>	
DUE TO (c) <u>from Neoplasm on Aorta</u>		<u>years</u>	
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis</u>			
<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
<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>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from</b> <u>Nov 18</u> , 19 <u>49</u> , to <u>2-6</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>2-6</u> , 19 <u>53</u> , and that death occurred at <u>4 P M.</u> , from the causes and on the date stated above.			
<b>23a. SIGNATURE</b> <u>Regina B. Robinson MD</u>		<b>23b. ADDRESS</b> <u>Excelsior Springs Mo</u>	<b>23c. DATE SIGNED</b> <u>2/9/53</u>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>2-8-53</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Oak Hill</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Cassleton, Mo.</u>
<b>DATE REC'D BY LOCAL REG.</b> <u>2/22/53</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Caroline Hutchings</u>	<b>5. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Clarence Cochran</u>	<b>ADDRESS</b> <u>Excelsior Springs Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

**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

*Linnell K Jarman*

Licensed Embalmer No. 4589

P. O. Address Excelsior Springs, 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.