

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

17732

State File No.

S. No. 300
v. 10.48

FILED JUN 8 1953

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Greene		b. STATE Missouri		c. CITY (If outside corporate limits, write RURAL and give township) Springfield		d. STREET ADDRESS (If rural, give location) 1407 Benton	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) Springfield		d. STREET ADDRESS (If rural, give location) 1407 Benton	
d. FULL NAME OF HOSPITAL OR INSTITUTION Burge Hospital				d. STREET ADDRESS (If rural, give location) 1407 Benton			
3. NAME OF DECEASED (Type or Print)		a. (First) MATTIE		b. (Middle) LINDA		c. (Last) SMITH	
4. DATE OF DEATH (Month) (Day) (Year) May 31 1953		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 11 June 1912		9. AGE (In years last birthday) 40		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (State or foreign country) Tennessee	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY In home		11. BIRTHPLACE (State or foreign country) Tennessee		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Melton O. Stuart		13b. MOTHER'S MAIDEN NAME Linda Tidwell		14. NAME OF HUSBAND OR WIFE Noel Smith			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Noel Smith Springfield, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Carcinomatosis					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Primary Carcinoma sigmoid					
		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 153x				20. AUTOPSY? YES <input checked="" 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) (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 MARCH 3, 1953 to MAY 31, 1953 , that I last saw the deceased alive on MAY 31, 1953 , and that death occurred at 7:00 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Alon J. Gose M.D.				23b. ADDRESS Prof. Bldg., Springfield, Mo.		23c. DATE SIGNED 6-3-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2 June 1953		24c. NAME OF CEMETERY OR CREMATORY White Chapel Cemetery		24d. LOCATION (City, town, or county) (State) Springfield Mo.	
DATE REC'D BY LOCAL REG. 6-3-53		REGISTRAR'S SIGNATURE Edith Williamson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J.W. KLINGNER & CO. Springfield, Mo.			

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Dr. Gose

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

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 _____

Ogle Stone Jr.

Licensed Embalmer No. *456*

P. O. Address *Springfield*

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.