

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17733  
Registrar's No. 503-A

28910  
FILED JUN 15 1953

REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000

396  
0

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

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY (Springfield, Mo) Greene                                      |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE Missouri b. COUNTY Shannon |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR Springfield Missouri |  | c. CITY (If outside corporate limits, write RURAL and give township) OR Winona, Missouri 1010                                 |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St Johns   |  | d. STREET ADDRESS (If rural, give location) /   |  |

|  |                    |  |  |  |                                       |
|--|--------------------|--|--|--|---------------------------------------|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) Mildred b. (Middle) Luetta c. (Last) Smith     |                    |  | 4. DATE OF DEATH (Month) (Day) (Year)<br>May 25 1953 |  |                                       |
| 5. SEX F   | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Child | 8. DATE OF BIRTH May 20th 1953                       |  | 9. AGE (In years last birthday) - - - |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None |                    | 10b. KIND OF BUSINESS OR INDUSTRY - - -                      |  | 11. BIRTHPLACE (City and State or Foreign Country) Mountain View, Mo |                                       |
| 12. CITIZEN OF WHAT COUNTRY USA  |                    |  |  |  |                                       |

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| 13a. FATHER'S NAME Ferrell Smith  |  | 13b. MOTHER'S MAIDEN NAME Marguerette Singleton |  | 14. NAME OF HUSBAND OR WIFE - - -  |  |
| 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. - - -                   |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ferrell Smith Winona, Missouri |  |

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)<br><br>*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. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Heart Disease   |  | INTERVAL BETWEEN ONSET AND DEATH Birth |  |
|  |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.               |  |  |  |
|  |  | DUE TO (b) _____  |  |  |  |
|  |  | DUE TO (c) _____  |  |  |  |
|  |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |  |  |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 19a. DATE OF OPERATION                          |  | 19b. MAJOR FINDINGS OF OPERATION 7544  |  | 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)                                  |  |
| 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 May 20, 1953, to May 24, 1953, that I last saw the deceased alive on May 21, 1953, and that death occurred at 3 P. M., from the causes and on the date stated above.

|  |  |                         |  |                            |  |
|--|--|-------------------------|--|----------------------------|--|
| 23a. SIGNATURE Thomas R. Szegyo M.D. (Degree or title) |  | 23b. ADDRESS Mt View Mo |  | 23c. DATE SIGNED May 21-53 |  |
|--|--|-------------------------|--|----------------------------|--|

|  |  |                      |  |   |  |
|--|--|----------------------|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial |  | 24b. DATE May 26, 53 |  | 24c. NAME OF CEMETERY OR CREMATORY Gill Cem,                    |  |
|  |  |                      |  | 24d. LOCATION (City, town, or county) (State) Mountain View, Mo |  |

|                                  |  |  |  |  |  |
|----------------------------------|--|--|--|--|--|
| DATE REC'D BY LOCAL REG. 6-10-53 |  | REGISTRAR'S SIGNATURE Edith Williamson |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Duncan Funeral Home Mt View, Mo |  |
|----------------------------------|--|--|--|--|--|

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 *John F. Brennan* \_\_\_\_\_

Licensed Embalmer No. *25716* \_\_\_\_\_

P. O. Address *MT View 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.