

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

**22546**

State File No. \_\_\_\_\_

No. 200  
10. 48

FILED JUL 7 - 1953

file

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

BIRTH NO. _____		REG. DIST. NO. <u>291</u>		PRIMARY REG. DIST. NO. <u>5997</u>		Registrar's No. <u>43</u>					
1. PLACE OF DEATH a. COUNTY <u>Putnam</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Putnam</u>							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Wilson Township</u>			c. LENGTH OF STAY (in this place) <u>Life Time</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Wilson Township 0 860</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>Unionville 0</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Dora</u>			b. (Middle) <u>Catherine</u>		c. (Last) <u>Smith</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 27 1953</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Nov. 10 1913</u>		9. AGE (In years last birthday) <u>39</u>	10. MONTHS <u>7</u>	11. DAYS <u>17</u>	12. IF UNDER 1 YEAR Hours _____	13. IF UNDER 24 HRS. Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Putnam County Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Edgar R. Smith</u>			13b. MOTHER'S MAIDEN NAME <u>Lola Catherine Huston</u>			14. NAME OF HUSBAND OR WIFE _____					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Edgar R. Smith</u> ADDRESS <u>Unionville, Mo.</u>						
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of The Breast.</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>?</u> DUE TO (c) <u>?</u>				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>1 year.</u>			
										*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	
				19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>170x</u>				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) (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>June 26, 1953</u> to <u>June 27, 1953</u> , that I last saw the deceased alive on <u>June 26, 1953</u> , and that death occurred at <u>5:30 a</u> m., from the causes and on the date stated above.											
23a. SIGNATURE <u>N.W. Gilliam D.D.</u> (Degree or title)				23b. ADDRESS <u>Unionville, Mo.</u>				23c. DATE SIGNED <u>6/30/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 29 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Unionville Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Unionville, Missouri</u>					
DATE REC'D BY LOCAL REG. <u>7-3-53</u>		REGISTRAR'S SIGNATURE <u>Manvell Durbin</u> NO. <u>266</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Comstock Funeral Home</u> ADDRESS <u>Unionville 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 *James W Comstock*

Licensed Embalmer No. *4197*

P. O. Address *Unionville, 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.