

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28351

State File No.

FILED AUG 17 1953

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>746</u>				
1. PLACE OF DEATH a. COUNTY <u>GREENE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>DOUGLAS</u>						
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>SPRINGFIELD</u> TOWN		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township): OR <u>RURAL MCKINLEY TWP</u> TOWN		<u>0340</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SPRINGFIELD BAPTIST HOSP</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>						
3. NAME OF DECEASED (Type or Print) a. (First) <u>BESSIE</u> b. (Middle) <u>FAYE</u> c. (Last) <u>SMITH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>AUG 8 1953</u>							
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>OCT 25, 1903</u>		9. AGE (in years last birthday) <u>49</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEWIFE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>DOUGLAS COUNTY, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>				
13a. FATHER'S NAME <u>TOM MCCARTY</u>			13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>ALBERT SMITH</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>ALBERT SMITH VANZANT, MO</u>				ADDRESS		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Colon</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Colon</u> DUE TO (c) <u>(Spleenic fibrosis)</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>153X</u>						INTERVAL BETWEEN ONSET AND DEATH <u>3 wks</u> <u>3 mos</u>			
19a. DATE OF OPERATION <u>5-2-53</u>	19b. MAJOR FINDINGS OF OPERATION <u>Adenocarcinoma Spleenic fib. Colon & Liver Metastases</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>4/26/1953</u> , to <u>8/6/1953</u> , that I last saw the deceased alive on <u>8/6/1953</u> , and that death occurred at <u>9:30 a.m.</u> , from the causes and on the date stated above.										
23. SIGNATURE <u>T. E. Ayre</u> (Degree or title) <u>Thorward B. Hall</u>				23b. ADDRESS <u>Springfield Mo</u>		23c. DATE SIGNED <u>Aug 1953</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>AUG 10, 1953</u>	24c. NAME OF CEMETERY OR CREMATOR <u>VANZANT</u>		24d. LOCATION (City, town, or county) (State) <u>VANZANT, MO</u>					
DATE REC'D BY LOCAL REG. <u>8/10/53</u>		REGISTRAR'S SIGNATURE <u>Edith Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ayre-Goodwin, Springfield, Missouri</u>					ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

SEE

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 _____

Harry C. Lyle
Licensed Embalmer No. 4594

P. O. Address Springfield, 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.