

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **29167**

FILED SEP 2 - 1953

REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 123

|  |   |  |  |
|--|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Laclede</u>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>  |  |
| b. CITY OR TOWN <u>Lebanon</u>   |   | c. CITY OR TOWN <u>Lebanon</u>   |  |
| c. LENGTH OF STAY (in this place) <u>106 days</u>  |   | d. STREET ADDRESS (If rural, give location) <u>424 W. Second St.</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wallace Memorial</u>  |   |  |  |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>Goldie Ethel</u> b. (Middle) <u>Smith</u> c. (Last) <u>Smith</u>  |   |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 19, 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>March 19, 1889</u>                     |
| 9. AGE (in years last birthday) <u>64</u>  | IF UNDER 1 YEAR: Months <u>5</u> Days <u>-</u> Hours <u>-</u> Min. <u>-</u> | 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                          |
| 11. BIRTHPLACE (State or foreign country) <u>Pulaski Co. Mo.</u>   |   | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>   |  |
| 13a. FATHER'S NAME <u>Luther Flynn</u>   |   | 13b. MOTHER'S MAIDEN NAME <u>Victoria Patterson</u>  |  |
| 14. NAME OF HUSBAND OR WIFE <u>Gene Smith</u>  |   |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)   |   | 16. SOCIAL SECURITY NO. <u>none</u>  |  |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Gene Smith</u>  |   | ADDRESS <u>Lebanon, Mo.</u>  |  |
| 18. CAUSE OF DEATH<br>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, asthenia, etc. It means the disease, injury, or complication which caused death.                        |   | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple Sclerosis</u><br>INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>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 <u>345X</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>1950</u> , to <u>Aug 19, 1953</u> , that I last saw the deceased alive on <u>Aug 19, 1953</u> , and that death occurred at <u>10:15 P.M.</u> , from the causes and on the date stated above. |   |  |  |
| 23a. SIGNATURE <u>F. H. Johnson</u> (Degree or title) <u>MO</u>  |   | 23b. ADDRESS <u>Lebanon Mo</u>   |  |
| 23c. DATE SIGNED <u>8/21/53</u>  |   |  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  |   | 24b. DATE <u>8/21/53</u>   |  |
| 24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>  |   | 24d. LOCATION (City, town, or county) (State) <u>Lebanon Mo.</u>   |  |
| DATE REC'D BY LOCAL REG. <u>8-25-1953</u>  |   | REGISTRAR'S SIGNATURE <u>Hella L. Gray</u>   |  |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>Holman</u>   |   | ADDRESS <u>Funeral Home Lebanon, Mo.</u>   |  |

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

532

No. 300  
10.48

Received AUG 29 1953  
Laclede County Health Unit  
File No. 853-130  
Date Filed SEP 1 1953

**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed Orsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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.