

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12983

State File No. ....

BIRTH NO. 24455-54 REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5985 Registrar's No. 48

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Pulaski</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Leonard Wood, Missouri</u>                              |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Plato</u> <u>0850</u>                        |  |
| c. LENGTH OF STAY (in this place)   |  | d. STREET ADDRESS (If rural, give location) <u>0</u>   |  |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>U. S. Army Hospital</u> |  |  |  |

|                                     |                         |                         |                        |  |
|-------------------------------------|-------------------------|-------------------------|------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Debra</u> | b. (Middle) <u>Jean</u> | c. (Last) <u>Smith</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 23 1954</u> |
|-------------------------------------|-------------------------|-------------------------|------------------------|--|

|                      |                               |   |  |  |
|----------------------|-------------------------------|---|--|--|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>X</u> | 8. DATE OF BIRTH <u>April 23, 1954</u> | 9. AGE (In years last birthday) <u>1</u> <u>30</u> |
|----------------------|-------------------------------|---|--|--|

|  |  |   |                              |
|--|--|---|------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>X</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>X</u> | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? |
|--|--|---|------------------------------|

|   |   |  |
|---|---|--|
| 13a. FATHER'S NAME <u>Charles Lavon Smith</u> | 13b. MOTHER'S MAIDEN NAME <u>Edna Jean Decker</u> | 14. NAME OF HUSBAND OR WIFE <u>N/A</u> |
|---|---|--|

|  |                                  |  |                           |
|--|----------------------------------|--|---------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>X</u> | 16. SOCIAL SECURITY NO. <u>X</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Charles Lavon Smith</u> | ADDRESS <u>Plato, Mo.</u> |
|--|----------------------------------|--|---------------------------|

|   |   |  |                                  |
|---|---|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*This does not mean the mode of dying, such as heart failure, ashenia, 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) <u>Prematurity</u>   |  |                                  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Premature Separation of the Placenta</u><br>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 | 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 23 April, 1954, to 23 April, 1954, that I last saw the deceased alive on 23 April, 1954, and that death occurred at 2000 m., from the causes and on the date stated above.

|  |   |                                     |
|--|---|-------------------------------------|
| 23a. SIGNATURE (Degree or title) <u>Donald L. Whitener Capt MC</u> | 23b. ADDRESS <u>Fort Leonard Wood, Missouri</u> | 23c. DATE SIGNED <u>24 April 54</u> |
|--|---|-------------------------------------|

|  |                            |   |   |
|--|----------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>Apr 24-54</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Greenville Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Greenville TEXAS</u> |
|--|----------------------------|---|---|

|   |  |  |
|---|--|--|
| DATE REC'D BY LOCAL REG. <u>24 April 1954</u> | REGISTRAR'S SIGNATURE <u>Caroline Anderson</u> 438 | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Billy J. Hedger</u> ADDRESS <u>Crocker</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 5-1-54  
Pulaski County Health Officer  
File Number  
Date Filed 5-1-54

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 *Clarence J. Moss*

Licensed Embalmer No. 4886

P. O. Address Waynesville, 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.