

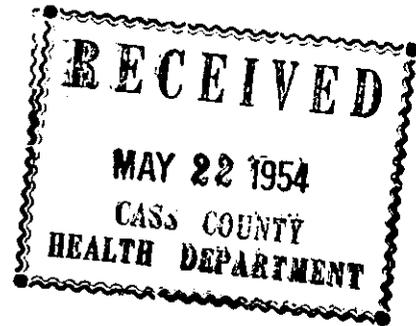
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15212**

FILED MAY 25 1954

BIRTH NO. _____ REG. DIST. NO. **59** PRIMARY REG. DIST. NO. **4099** Registrar's No. **81**

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pleasant Hill		c. CITY OR TOWN Pleasant Hill	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 10 yrs		e. STREET ADDRESS (If rural, give location) 214 South Randolph	
d. FULL NAME OF HOSPITAL OR INSTITUTION 214 South Randolph			
3. NAME OF DECEASED (Type or Print) MARTHA		a. (First) _____ b. (Middle) _____ c. (Last) SMITH	4. DATE OF DEATH (Month) (Day) (Year) 5-16-1954
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, married (Specify)	8. DATE OF BIRTH 3-21-1866
9. AGE (In years last birthday) 88		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeper		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) Bland, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME William Crider		13b. MOTHER'S MAIDEN NAME Elizabeth Yates	14. NAME OF HUSBAND OR WIFE Francis Smith
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. no	17. INFORMANT'S SIGNATURE OR NAME Mrs Joe Carroll Pleasant Hill, Mo. ADDRESS _____
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma, ascending colon		INTERVAL BETWEEN ONSET AND DEATH 6 mo	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
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		Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 153X	
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 12-31-1953 to 5-16-1954 that I last saw the deceased alive on 5-16-54, 19 , and that death occurred at 3:30 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Alvin Brewinfield M.D.		23b. ADDRESS Pleasant Hill Mo	
23c. DATE SIGNED 5-16-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 5-18-1954	
24c. NAME OF CEMETERY OR CREMATORY Pleasant Hill Cem		24d. LOCATION (City, town, or county), (State) Pleasant Hill, Mo.	
DATE REC'D BY LOCAL REG. May 17, 1954		REGISTRAR'S SIGNATURE Dora Barnard 457-9	
25. FUNERAL DIRECTOR'S SIGNATURE Alvin Brewinfield Pleasant Hill, Mo		ADDRESS _____	



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.....
Signature of Student Embalmer

Signed *Allen Brownfield*.....

Licensed Embalmer No. *378*.....

P. O. Address *Pleasant*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.