

FILED MAY 24 1954

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15592

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 486	
1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene			
b. CITY (If outside corporate limits, write RURAL and give township) TOWN Springfield		c. LENGTH OF STAY (In this place) 64 yrs		c. CITY OR TOWN Springfield		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 510 E Elm				e. STREET ADDRESS (If rural, give location) 510 E Elm			
3. NAME OF DECEASED (Type or Print) META		a. (First)		b. (Middle) SMYTHE		c. (Last) WESTERFIELD	
4. DATE OF DEATH May 18 1954		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH August 8, 1886		9. AGE (In years last birthday) 67	
5. SEX Female		6. COLOR OR RACE White		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	
11. BIRTHPLACE (City and State or Foreign Country) Conway Springs, Kansas				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME T Smythe		13b. MOTHER'S MAIDEN NAME Alice Otis		14. NAME OF HUSBAND OR WIFE -----			
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Oliver Corbett, Springfield, Missouri			
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) Toxemia & Anuria INTERVAL BETWEEN ONSET AND DEATH 3 weeks ANTECEDENT CAUSES Complete Bowel Obstruction DUE TO (b) Primary Cystadenocarcinoma of Ovary DUE TO (c) 175 X 2 weeks 2 Years 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 3-16-54 Cystadenocarcinoma of Ovary infiltrating omentum				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)		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 2-19, 1954, to 5-18, 1954, that I last saw the deceased alive on 5-18, 19, and that death occurred at 10:00A.m., from the causes and on the date stated above.							
23a. SIGNATURE J. B. Brown D.O.				23b. ADDRESS 709 East Elm Springfield, Missouri		23c. DATE SIGNED 5-18-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 20, 1954		24c. NAME OF CEMETERY OR CREMATORY Maple Park Cemetery		24d. LOCATION (City, town, or county) (State) Springfield, Missouri	
DATE REC'D BY LOCAL REG. 5-19-54		REGISTRAR'S SIGNATURE Edith Williamson		FUNERAL DIRECTOR'S SIGNATURE Jewell E. Waddle		ADDRESS Springfield, Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 17 1954

FEB 23 1958

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 *Bernard F. White*

Licensed Embalmer No. *756*

P. O. Address *Spring*

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.