

Carrie Smith  
FILED JUL 7 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19933

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 70

1. PLACE OF DEATH a. COUNTY <b>PIKE</b>		2. USUAL RESIDENCE (Where deceased lived, or institution; residence before admission) a. STATE <b>MISSOURI</b> COUNTY <b>PIKE</b>	
b. CITY OR TOWN <b>LOUISIANA</b>		c. CITY OR TOWN <b>LOUISIANA</b>	
c. LENGTH OF STAY (In this place) <b>50 YEARS</b>		d. 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 <b>PIKE COUNTY HOSPITAL</b>		e. STREET ADDRESS (If rural, give location) <b>820 ALLEN ST. 08210</b>	

3. NAME OF DECEASED (Type or Print) <b>CARRIE BROWN SMITH</b>			4. DATE OF DEATH <b>JUNE 24, 1954</b>		
a. (First) <b>CARRIE</b>			b. (Middle) <b>BROWN</b>		
c. (Last) <b>SMITH</b>			5. SEX <b>Female</b>		
6. COLOR OR RACE <b>Negro</b>			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		
8. DATE OF BIRTH <b>April 11, 1875</b>			9. AGE (In years last birthday) <b>79</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE KEEPER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>PRIVATE HOME</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>FOUR, MISSOURI</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>JAMES BROWN</b>		13b. MOTHER'S MAIDEN NAME <b>ELLEN IRVIN</b>	
14. NAME OF HUSBAND OR WIFE <b>GEO. SMITH, DECEASED</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>498-36-7069</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>James Smith, Louisiana, Mo</b>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>Acute congestive Heart Failure</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 wks</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>Acute congestive Heart Failure</b>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Myocarditis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 wks</b>	
*This does not mean the mode of dying, such as heart failure, asthma, 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) <b>Acute Myocarditis</b>		DUE TO (c) <b>General Arterio Sclerosis - about 5 yrs</b>	
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) m.		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 **June 8, 1954**, to **June 24, 1954**, that I last saw the deceased alive on **June 24, 1954**, and that death occurred at **2:05 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Robert L. Andrus M.D.</b> (Degree or title)		23b. ADDRESS <b>Louisiana Mo.</b>		23c. DATE SIGNED <b>6-26-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>June 27, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Stover Cem. Louisiana, Mo.</b>	
24d. LOCATION (City, town, or county) (State) <b>Louisiana, Mo.</b>		DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>June 16, 1954 - Bernice Collier</b>		374-0	
FINANCIAL DIRECTOR'S SIGNATURE <b>Geo. M. Collier</b>		ADDRESS <b>Louisiana, Mo.</b>			

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

AUG 9 1954

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 *Geo. M. Collier*

Licensed Embalmer No. 383

P. O. Address .....

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.