

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5328

FILED MAR 4 1955

State File No.

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) <u>Carthage</u>	c. LENGTH OF STAY (in this place) <u>9 days</u>	c. CITY OR TOWN <u>Carthage</u>	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 <u>McCune-Brooks Hospital</u>		STREET ADDRESS (If rural, give location) <u>414 E. 2nd</u> <u>0493</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Della</u> b. (Middle) <u>Ann</u> c. (Last) <u>Smith</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 24, 1955</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec. 9, 1888</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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 <u>housewife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Dade County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Sam Seybert</u>		13b. MOTHER'S MAIDEN NAME <u>Rebecca Farmer</u>		14. NAME OF HUSBAND OR WIFE <u>C. L. Smith</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Theo Heisten, Rt. 3, Carthage, Mo</u>		

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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Lymphatic Leukemia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8/12/52</u>	
ANTECEDENT CAUSES		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			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) <u>2040</u>		
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 8/12, 1952, to 2/24, 1955, that I last saw the deceased alive on 2/21, 1955, and that death occurred at 5:25 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>D Russell Smith</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Carthage, Mo</u>		23c. DATE SIGNED <u>2-25-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 26, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Park Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Carthage, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Knell Mortuary, Carthage, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>2-25-55</u>		REGISTRAR'S SIGNATURE <u>Edw Clinton</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Knell Mortuary, Carthage, Mo.</u>	

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

Date Filed
MAR 3 - 1955

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..... *O. L. Isbell*

Licensed Embalmer No. 4970
P. O. Address Carthage

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.