

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19468**

FILED JUN 19 1956

BIRTH NO. _____ REG. DIST. NO. **4** PRIMARY REG. DIST. NO. **4014** Registrar's No. **60**

1. PLACE OF DEATH a. COUNTY Atchison		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Holt	
b. CITY OR TOWN Fairfax	c. LENGTH OF STAY (in this place) 13 days	c. CITY OR TOWN Craig	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 Fairfax Community Hospital		e. STREET ADDRESS (If rural, give location) 0440	

3. NAME OF DECEASED (Type or Print) a. (First) Maude b. (Middle) Josephine c. (Last) Smith	4. DATE OF DEATH (Month) (Day) (Year) June 10, 1956
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan 26, 1895	9. AGE (In years last birthday) 61	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY In the home	11. BIRTHPLACE (City and State or Foreign Country) Rock Port, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Finton	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Ray Smith
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 489-32-3288	17. INFORMANT'S SIGNATURE OR NAME Ray Smith	ADDRESS Craig, Mo
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Terminal Uremia	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 wks
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I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal Uremia	DUPLICATE (b) Carcinoma Rt Kidney	DUPLICATE (c)	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	unknown
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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 180x	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **July 1953** to **June 10, 1956** that I last saw the deceased alive on **JUNE 10, 1956** and that death occurred at **3:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Israel F. Swearing (Degree or title) M.D.	23b. ADDRESS Oregon, Mo	23c. DATE SIGNED 6-12-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial & Removal	24b. DATE 6/12/56	24c. NAME OF CEMETERY OR CREMATORY Pleasant Ridge	24d. LOCATION (City, town, or county) (State) Fairfax Mo.
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DATE REC'D BY LOCAL REG. June 16, 1956	REGISTRAR'S SIGNATURE Marvin H. Schaefer	25. FUNERAL DIRECTOR'S SIGNATURE Wilbur L. Schaefer	ADDRESS Craig, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was by me, or by myself....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Wilber L. Scholer.....

Licensed Embalmer No... 3

P. O. Address Craig,

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