

FILED NOV 13 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35030

BIRTH NO. _____ REG. DIST. NO. 277 PRIMARY REG. DIST. NO. 441 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY <u>Pike</u>			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>MO</u> COUNTY <u>Pike</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bowling Green</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Bowling Green</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME</u>			e. STREET ADDRESS (If rural, give location) <u>0828</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>VIMMIE</u> b. (Middle) <u>MAE</u> c. (Last) <u>SMITH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 28 1956</u>					
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)				
8. DATE OF BIRTH <u>Apr. 25 1890</u>		9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <u>66 6 3</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>				
11. BIRTHPLACE (City and State or Foreign Country) <u>Bowling Green MO U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Don't know</u>				
13b. MOTHER'S MAIDEN NAME <u>Mary Jackson Owen Smith</u>		14. NAME OF HUSBAND OR WIFE <u>Helen Cropp Bowling Green</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war, or dates of service)				
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Helen Cropp</u>		ADDRESS <u>Bowling Green</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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of right breast.</u> 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. <u>170X</u>			INTERVAL BETWEEN ONSET AND DEATH <u>16 months</u>		
19a. DATE OF OPERATION <u>July, 1955</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of right breast.</u>		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 <u>21 June, 1955</u> , to <u>28 October, 1956</u> , that I last saw the deceased alive on <u>24 October, 1956</u> , and that death occurred at <u>6:30 p. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>James B. Bragg, M.D.</u>			23b. ADDRESS <u>Bowling Green, Missouri</u>		23c. DATE SIGNED <u>10/29/56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 12 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bowling Green</u>				
24d. LOCATION (City, town, or county) (State) <u>Bowling Green MO</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>Grace Parkhead</u>		ADDRESS <u>Bowling Green</u>				
DATE REC'D BY LOCAL REG. <u>11-6-56</u>		REGISTRAR'S SIGNATURE <u>Bill Robinson</u>		24f. FUNERAL DIRECTOR'S SIGNATURE <u>Grace Parkhead</u>				

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

Student.....
Signature of Student Embalmer

Signed *Harold C. Kirk*.....

Licensed Embalmer No. *45*

P. O. Address *San Diego*

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.