

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38705**

FILED DEC 10 1956

BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 5714 Registrar's No. 102

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

1. PLACE OF DEATH a. COUNTY <u>McDonald</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>MO</u> b. COUNTY <u>McDonald</u>											
b. CITY OR TOWN <u>Pineville</u>		c. LENGTH OF STAY (in this place) <u>2 1/2 yrs</u>		c. CITY OR TOWN <u>Pineville</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>									
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) <u>0600</u>											
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>PEARL</u> c. (Last) <u>SMITH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-20-1956</u>												
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>		8. DATE OF BIRTH <u>10-22-1874</u>		9. AGE (In years last birthday) <u>82</u>		10. IF UNDER 1 YEAR (Days) <u>0</u>		11. IF UNDER 12 HRS. (Hours) <u>28</u>		12. IF UNDER 1 HRS. (Min.) <u>1</u>	
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				11. BIRTHPLACE (City and State or Foreign Country) <u>PARSONS KANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>					
13a. FATHER'S NAME <u>J.W. JACKSON</u>				13b. MOTHER'S MAIDEN NAME <u>Abbie STEWART</u>				14. NAME OF HUSBAND OR WIFE <u>Gus Smith - D</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>				16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME, ADDRESS <u>WALTER SMITH PINEVILLE MO.</u>									
MEDICAL CERTIFICATION															
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer Stomach</u> ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. 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.												INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>151X</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) 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 <u>Nov 14</u> , 19 <u>53</u> , to <u>Nov 20</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Nov 20</u> , 19 <u>56</u> , and that death occurred at <u>10:30</u> a.m., from the causes and on the date stated above.															
23a. SIGNATURE (Degree or title) <u>Dr. Bussard</u>						23b. ADDRESS <u>Pineville mo</u>				23c. DATE SIGNED <u>12/7/56</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11-29-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PINEVILLE CEM</u>				24d. LOCATION (City, town, or county) (State) <u>PINEVILLE MO.</u>							
DATE REC'D BY LOCAL REG. <u>12-7-56</u>				REGISTRAR'S SIGNATURE <u>Mayne Humphrey</u>				25. GENERAL DIRECTOR'S SIGNATURE <u>P.M. Humphrey</u>				ADDRESS <u>Pineville MO</u>			

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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 *F. M. Humphrey Jr.*

Licensed Embalmer No. 470

P. O. Address *Noel, TN*

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.