

FILED DEC 3 - 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39150**

BIRTH NO. _____		REG. DIST. NO. <u>27</u>	PRIMARY REG. DIST. NO. <u>5096</u>	Registrar's No. <u>126</u>
1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St. Clair</u>		
b. CITY (If outside corporate limits, write RURAL and give town) <u>Mt. Pleasant</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Appleton City</u>		
c. LENGTH OF STAY (In this place) <u>6 months</u>		d. STREET ADDRESS (If rural, give location) _____		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pine Tree Rest Home</u>				
3. NAME OF DECEASED (Type or Print)		a. (First) <u>MARGARET</u>	b. (Middle) _____	c. (Last) <u>Smith</u>
4. DATE OF DEATH		(Month) (Day) (Year) <u>Nov. 27-1957</u>		
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug-11-1866</u>	9. AGE (In years last birthday) <u>91</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. BIRTH PLACE (State or foreign country) <u>Lebanon, Ind.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Willis G. Powell</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Harvey Smith</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Joe Pratt, Butler, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>pulmonary edema</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>left side heart failure</u>		<u>5 months</u>
		DUE TO (c) _____		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>branchial pneumonie</u>		<u>10 days.</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <u>YES</u> <input type="checkbox"/> <u>NO</u> <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE (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>Butler, Morgan Precinct, Mo.</u>	
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? _____
22. I hereby certify that I attended the deceased from <u>Nov 26</u> , 1957, to <u>Nov 27</u> , 1957, that I last saw the deceased alive on <u>Nov 26</u> , 1957, and that death occurred at <u>11:20</u> m., from the causes and on the date stated above.				
23a. SIGNATURE <u>[Signature]</u>		(Degree or title) _____	23b. ADDRESS <u>Butler, Mo.</u>	23c. DATE SIGNED <u>11-28-57</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Nov. 29, 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Appleton City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Appleton City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 28-57</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Appleton City</u>		

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

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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 .....  
Student Embalmer

Signed Melvin L. Janssens

Licensed Embalmer No. 4589

P. O. Address Appleton City

**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 this body is not embalmed, fact should be so stated above.