

FILED FEB 11 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4164

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 6172 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>Stone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <u>MO</u> b. COUNTY <u>Stone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Reed Spring Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Reeds Springs MO</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>104th</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ruth Hosp</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Margaret</u>	b. (Middle) <u>S</u>	c. (Last) <u>Smith</u>	4. DATE OF DEATH (Month) (Day) (Year)
	<u>7</u>	<u>W</u>	<u>Widowed</u>	<u>April 17 1958</u>

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
<u>7</u>	<u>W</u>	<u>Widowed</u>	<u>April 17 1890</u>	<u>87</u>		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country)	12. CITIZEN OF WHAT COUNTRY?
<u>Hosp.</u>	<u>Hosp.</u>	<u>Stone Co. MO</u>	<u>U.S.A</u>

13a. FATHER'S NAME <u>Jesse Skief</u>	13b. MOTHER'S MAIDEN NAME <u>Edo. Morris</u>	14. NAME OF HUSBAND OR WIFE <u>Henry Smith</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS
		<u>Clarena Smith Reed Spring</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		INTERVAL BETWEEN ONSET AND DEATH	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>			<u>2 mo.</u>
	ANTECEDENT CAUSES Abnormal conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>She also had</u>			<u>2 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cardiac Asthma</u>				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
		<u>4201</u>

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>4201</u> <u>Stone Co 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 July 10, 1952, to 1-2, 1958, that I last saw the deceased alive on 1-2, 1958, and that death occurred at 4:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>P. S. Skumate</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Reed Spring MO</u>	23c. DATE SIGNED <u>1-2-58</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-5-58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Yocum</u>	24d. LOCATION (City, town, or county) (State) <u>Stone Co MO</u>
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DATE REC'D BY LOCAL REG. <u>1-4-58</u>	REGISTRAR'S SIGNATURE <u>Med. Elmer Besseau</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Evereth & Chestnut Galena MO</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

from page

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.....

Licensed Embalmer No.....

P. O. Address.....

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.