

FILED JAN 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40818

BIRTH NO. _____ REG. DIST. NO. 212 PRIMARY REG. DIST. NO. 5179 Registrar's No. 65

1. PLACE OF DEATH a. COUNTY <u>Miller</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eldon (Rural) Franklin</u>		c. LENGTH OF STAY (in this place) <u>Franklin</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eldon (Rural) Franklin</u>		d. STREET ADDRESS (If rural, give location)
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ida</u> b. (Middle) <u>May</u> c. (Last) <u>Smith</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 28 1948</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 3 1878</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>25</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 (State or foreign country) <u>Miller Co., Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Samuel Mulkey</u>		13b. MOTHER'S MAIDEN NAME <u>Peggy Richardson</u>	
14. NAME OF HUSBAND OR WIFE <u>Warren Smith</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 <u>Mrs. Lilly Chism</u>		ADDRESS <u>Eldon, Mo.</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>48 B</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uterine Carcinoma</u>			INTERVAL BETWEEN ONSET AND DEATH		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO <u>Massive Uterine hemorrhage</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			DUE TO (c)		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>7/19</u> , 19 <u>48</u> , to <u>12/28</u> , 19 <u>48</u> , that I last saw the deceased alive on <u>7/28</u> , 19 <u>48</u> , and that death occurred at _____ m., from the causes and on the date stated above. <u>2</u>					
23a. SIGNATURE (Degree or title) <u>Robt. E. Murrey, D.O.</u>			23b. ADDRESS <u>Eldon, Mo.</u>		23c. DATE SIGNED <u>12/30/48</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-30-1948</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenridge</u>	24d. LOCATION (City, town, or county) (State) <u>Eldon, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>12-30-48</u>		REGISTRAR'S SIGNATURE <u>Alvareta Walt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James D. Phillips</u>	
				ADDRESS <u>Eldon</u>	

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

66

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed

JAN 10 1949

JAN 24 1949

NOV 15 1948

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, ^{LL/LL} or by _____

Louis D. Phillips

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Louis D. Phillips
Licensed Embalmer No. 3663

P. O. Address Eldon

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.