S. No. 300
V. 10-48

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

FILED JAN 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42358

BIRTH NO. _____ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 5012 Registrar's No. 303

1. PLACE OF DEATH
a. COUNTY: Andrew Co. Union Star R.R.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
c. LENGTH OF STAY (In this place): All Life
d. FULL NAME OF HOSPITAL OR INSTITUTION: Union Star Mo. R.R.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Andrew R.R.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural.
d. STREET ADDRESS (If rural, give location): Union Star Mo. R.R.

3. NAME OF DECEASED (Type or Print)
a. (First): Eunice
b. (Middle): Clarinda
c. (Last): Smith

4. DATE OF DEATH (Month) (Day) (Year): Dec. 29 1948

5. SEX: Female
6. COLOR OR RACE: Cau.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 10.12.1868
9. AGE (In years last birthday): 80 — If under 1 year: Months 2, Days 17 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Same
11. BIRTHPLACE (State or foreign country): Oregon Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Barnibus Kuackel
13b. MOTHER'S MAIDEN NAME: Cathrine Secrist
14. NAME OF HUSBAND OR WIFE: William Shauck Smith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: William Shauck Smith Union Star Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Diabetic Coma — INTERVAL BETWEEN ONSET AND DEATH: Dec 28-29

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.*

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19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 28, 1948, *to* Dec 29, 1948, *that I last saw the deceased alive on* Dec 28, 1948, *and that death occurred at* 5. 2 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. M. Reynolds M.D.
23b. ADDRESS: Elmira Mo
23c. DATE SIGNED: 1-1-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1.1.1949
24c. NAME OF CEMETERY OR CREMATORY: Star Chapel
24d. LOCATION (City, town, or county) (State): King City Mo. R.R.

DATE REC'D BY LOCAL REG.: 1-6-49
REGISTRAR'S SIGNATURE: Lillian Sparks
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: R.G. Taggart — King City Mo.

(Licensed Embalmer's Statement on Reverse Side)

MAR 30 1959

APR 1 1959

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.

Signed R. G. Taggart

Licensed Embalmer No. 2563

P. O. Address King City, Jo.

Signed .....
Student Embalmer

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.