

FILED MAR 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7402

BIRTH NO. _____		REG. DIST. NO. 38		PRIMARY REG. DIST. NO. 3006		Registrar's No. 616	
1. PLACE OF DEATH a. COUNTY BOONE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Callaway			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia		c. LENGTH OF STAY (In this place) 2 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL FULTON			
d. FULL NAME OF HOSPITAL OR INSTITUTION 235 Greenwood				d. STREET ADDRESS (If rural, give location) 1 1/2 mile north of Fulton			
3. NAME OF DECEASED (Type or Print)		a. (First) ABELLA		b. (Middle) CARTER		c. (Last) SMITH	
4. DATE OF DEATH		(Month) MAR		(Day) 6		(Year) 1949	
5. SEX F.	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH APR 7, 1862		9. AGE (In years last birthday) 86 IF UNDER 1 YEAR 10 Days IF UNDER 24 HRS. 29 Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (State or foreign country) COLUMBIA MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JOHN W. CARTER		13b. MOTHER'S MAIDEN NAME MARGARET HADEN		14. NAME OF HUSBAND OR WIFE A. L. SMITH			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME R. L. Smith		ADDRESS Fulton 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Myocarditis chronic				INTERVAL BETWEEN ONSET AND DEATH 1 hour 1 hour 1 hour	
19a. DATE OF OPERATION June		19b. MAJOR FINDINGS OF OPERATION _____				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) _____		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from 3-6-1949 , to 3-6-1949 , that I last saw the deceased alive on 3-6-1949 and that death occurred at 3:30 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Frank E. DeSmet M.D.				23b. ADDRESS Columbia Mo		23c. DATE SIGNED 3-7-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE Mar 6, 1949		24c. NAME OF CEMETERY OR CREMATORY Hillcrest		24d. LOCATION (City, town, or county) (State) Fulton Mo.	
DATE REC'D BY LOCAL REG. March 7 1949		REGISTRAR'S SIGNATURE Mrs. R. E. Palmer		25. FUNERAL DIRECTOR'S SIGNATURE Henry J. Margin		ADDRESS Fulton Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

Date Filed
MAR 16 1949
District No. 10
District Health Officer No. 9
RECEIVED

MAR 22 1949

MAR 12 1958

MAY 28 1951

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 Walter J. Haine, Jr.

Licensed Embalmer No. 4557

Signed.....
Student Embalmer

P. O. Address Fulton, Mo

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.