

FILED APR 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13034

State File No.

58
2

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

| | | | | | | | |
|---|---------------------------|--|-------------------------------------|---|------------------------|--|-----------------------|
| BIRTH NO. _____ | | REG. DIST. NO. <u>184</u> | | PRIMARY REG. DIST. NO. <u>3038</u> | | Registrar's No. <u>158</u> | |
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). | | | |
| a. COUNTY <u>Linn</u> | | b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brookfield</u> | | a. STATE <u>Missouri</u> | | b. COUNTY <u>Shelby</u> | |
| c. LENGTH OF STAY (In this place) <u>1 day</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lakenan</u> | | d. STREET ADDRESS (If rural, give location) | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McLarney Hospital</u> | | | | | | | |
| 3. NAME OF DECEASED | | | 4. DATE OF DEATH | | | | |
| a. (First) <u>Hattie Ann</u> | | b. (Middle) | | c. (Last) <u>Smith</u> | | (Month) (Day) (Year) <u>April 4, 1949</u> | |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u> | 8. DATE OF BIRTH <u>May 8, 1866</u> | 9. AGE (In years last birthday) <u>83</u> | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Hours | IF UNDER 10 MIN. Min. |
| 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>Lakenan, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | |
| 13a. FATHER'S NAME <u>Robert Caldwell</u> | | 13b. MOTHER'S MAIDEN NAME <u>Columba Gough</u> | | 14. NAME OF HUSBAND OR WIFE <u>Samuel Smith</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Harry Brown, 307 S. State St Brookfield, Mo</u> | | | |
| 18. CAUSE OF DEATH | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| Enter only one cause per line for (a), (b), and (c) | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Atherosclerosis</u> | | | | | |
| *This does not mean the mode of dying, such as heart failure, asthma, 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 (b) <u>Atherosclerotic Heart Disease</u> | | | | | |
| | | DUE TO (c) | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS | | | | | |
| | | Conditions contributing to the death but not related to the disease or condition causing death. <u>Pneumonia</u> | | | | <u>3 days</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>45</u> | | | | 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 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>8-10</u> , 1948, to <u>4-4</u> , 1949, that I last saw the deceased alive on <u>4-3</u> , 1949, and that death occurred at <u>7 P. m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Ervin T. Olson M.D. U</u> | | | | 23b. ADDRESS <u>Brookfield Mo</u> | | 23c. DATE SIGNED <u>4-3-49</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>4-6-49</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Catholic cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Annnewell, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>April 1949</u> | | REGISTRAR'S SIGNATURE <u>A. B. ...</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Harold B. Wright</u> | | ADDRESS <u>Brookfield, Mo.</u> | |

MAY 2 1949

APR 29 1949

DISTRICT HEALTH OFFICE
CAMBRON, Mo.

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 Harold B. Wright

Signed.....
Student Embalmer

Licensed Embalmer No. 3718

P. O. Address Brookfield, 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.