

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 2 1949

State File No. 14566

6121

No. 300
10-48

BIRTH NO. _____		REG. DIST. NO. 33C		PRIMARY REG. DIST. NO. 492		Registrar's No. 18				
1. PLACE OF DEATH a. COUNTY Shannon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Howell						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Birch Tree, Mo		c. LENGTH OF STAY (in this place) 3 Yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Birch Tree, Mo						
d. FULL NAME OF HOSPITAL OR INSTITUTION No				d. STREET ADDRESS (If rural, give location) R 3						
3. NAME OF DECEASED (Type or Print) Ollie Smotherman			a. (First)		b. (Middle)		c. (Last)			
4. DATE OF DEATH Mch 15th 1949		(Month) (Day) (Year)		5. SEX F		6. COLOR OR RACE W				
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Aug. 11, 1867		9. AGE (In years last birthday) 81		IF UNDER 1 YEAR Months Days		IF UNDER 2 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Shannon Co Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A				
13a. FATHER'S NAME John Hasty			13b. MOTHER'S MAIDEN NAME Not Known			14. NAME OF HUSBAND OR WIFE				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME A.K. Smotherman					ADDRESS Birch Tree, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Labor Pneumonia 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.						INTERVAL BETWEEN ONSET AND DEATH		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 491						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 March 14, 1949, to March 15, 1949, that I last saw the deceased alive on March 14, 1949, and that death occurred at 3:00 a.m., from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) H. D. Rollins M.D.				23b. ADDRESS W in on a ma				23c. DATE SIGNED 4-14-49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY Corinth Cem		24d. LOCATION (City, town, or county) (State) Birch Tree, Mo				
DATE REC'D BY LOCAL REG. 4-16-49		REGISTRAR'S SIGNATURE G. R. ...		306		25. FUNERAL DIRECTOR'S SIGNATURE Duncan Funeral Home		ADDRESS		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 5,

District File Number 449290

Date Filed 4-23-49

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. 4325

P. O. Address Matthew M

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.