

FILED MAY 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16721

State File No.

BIRTH NO. REG. DIST. NO. 241 PRIMARY REG. DIST. NO. 5829 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Portageville R.1</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Portageville rural</u>	
c. LENGTH OF STAY (in this place) <u>5 Yrs.</u>		72	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural Route 1</u>		d. STREET ADDRESS (If rural, give location) <u>Rural Routel</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Inez</u>	b. (Middle)	c. (Last) <u>Smith</u>	(Month) <u>May</u>	(Day) <u>5</u>	(Year) <u>1949</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>X</u>	8. DATE OF BIRTH <u>Aug. 19, 1943</u>	9. AGE (In years last birthday) <u>5</u>	IF UNDER 1 YEAR: Months <u>5</u> Days <u>5</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>X</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>	11. BIRTHPLACE (State or foreign country) <u>Wardell, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>John Smith</u>	13b. MOTHER'S MAIDEN NAME <u>Geneva Treece</u>	14. NAME OF HUSBAND OR WIFE <u>X</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>X</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John Smith R. 1 Portageville, MO.</u>

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u>		<u>1 da.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Measles (Rubella)</u> DUE TO (c)		<u>6 da.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>6851</u>

19a. DATE OF OPERATION	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) 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 May 3, 1949, to May 4, 1949, that I last saw the deceased alive on May 4, 1949, and that death occurred at 2 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John J. Killian M.D.</u>	23b. ADDRESS <u>Portageville, Mo</u>	23c. DATE SIGNED <u>5-9-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-6-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maple Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Caruthersville, Mo.</u>		

DATE REC'D BY LOCAL REG. <u>5-10-49</u>	REGISTRAR'S SIGNATURE <u>Ellen De Lisle</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H.S. Smith Fun Home Caruthersville, Mo</u>
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No. 300
 10. 48
 22
 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Office No. 2

District File Number 549-571

Date Filed 5-21-49

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

James A. Osburn

Licensed Embalmer No. 4185

P. O. Address Caruthersville, 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.