

FILED JUN 9 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 18419

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 98

1. PLACE OF DEATH a. COUNTY <u>Wray</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Greene</u>		
b. CITY OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (In this place) <u>6 days</u>	c. CITY OR TOWN <u>Springfield</u>		39
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #32</u>			d. STREET ADDRESS (If rural, give location) <u>1310 W Thomas</u>		
3. NAME OF DECEASED (Type or Print) <u>BLANCH SMITH</u>			a. (First)	b. (Middle)	c. (Last)
4. DATE OF DEATH <u>5-24-49</u>			(Month)	(Day)	(Year)
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED-NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>5-16-1902</u>	9. AGE (In years last birthday) <u>47</u>	10. Months <u>1</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nurse</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTH PLACE (State or foreign country) <u>Lectie, Ark</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Thomas Lawe</u>		13b. MOTHER'S MAIDEN NAME <u>Grace Harding</u>		14. NAME OF HUSBAND OR WIFE <u>J O Smith</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Blanche record, Nevada</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac insufficiency</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>✓</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>✓</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4222</u>
19a. DATE OF OPERATION <u>none</u>	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, etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	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>5-16-49</u> to <u>5-26-49</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>5-24-49</u> , 19 <u>49</u> , and that death occurred at <u>12:15</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>R. G. Hall</u>		(Degree of title)	23b. ADDRESS <u>Nevada Mo</u>		23c. DATE SIGNED <u>5-24-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>May 24, 49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Springfield Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Springfield, Mo</u>		
DATE REC'D BY LOCAL REG. <u>May 31, 1949</u>	REGISTRAR'S SIGNATURE <u>Walter H. Vance</u>	331	25. FUNERAL DIRECTOR'S SIGNATURE <u>Herman H. Lohmeyer</u>		
			ADDRESS <u>Springfield Mo</u>		

(Licensed Embroider's Statement on Reverse Side)

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

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RECEIVED

District Health Officer No. 7,

District File Number 5-49-674

Date Filed 6-8-49

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.

Signed Mark E. Eichen

Signed _____
Student Embalmer

Licensed Embalmer No. 2656

P. O. Address Yivada, 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.