

FILED MAY 26 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18466

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 373 PRIMARY REG. DIST. NO. 4445 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <b>Webster</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Webster</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marshfield</b>		c. LENGTH OF STAY (In this place) <b>x</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marshfield</b>		d. STREET ADDRESS (If rural, give location) <b>x</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>x</b>				d. STREET ADDRESS <b>x</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Elsie</b> b. (Middle) <b>- May -</b> c. (Last) <b>Smith</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May-12-49</b>				
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>June 8-1883</b>		9. AGE (In years last birthday) <b>65</b>	10. UNDER 1 YEAR <b>x</b>	11. UNDER 24 HRS. <b>x</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (State or foreign country) <b>Knox County, Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>	
13a. FATHER'S NAME <b>Wash Loque</b>			13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Henry A. Smith</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>x</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>H.A. Smith - Marshfield - Missouri</b>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Embolism</b>  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.  <b>4/201</b>					INTERVAL BETWEEN ONSET AND DEATH <b>30 min.</b>
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) (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 <b>5/12, 1949</b> , to _____, 19____, that I last saw the deceased alive on <b>5/12, 1949</b> , and that death occurred at <b>8:45 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>J. H. Blain</b>				23b. ADDRESS <b>Marshfield, Mo.</b>		23c. DATE SIGNED <b>5/13/49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>May 15-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Marshfield</b>		24d. LOCATION (City, town, or county) (State) <b>Marshfield, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>5/18/49</b>		REGISTRAR'S SIGNATURE <b>J. H. Blain</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>J. H. Blain</b>		ADDRESS <b>Marshfield, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 6;

District File Number 549-589

Date Filed 5-23-49

5196

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 Alex Rainey

Licensed Embalmer No. 3312

Signed \_\_\_\_\_  
Student Embalmer

P. O. Address Marshfield, 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.