

FILED AUG 3 1949

STANDARD CERTIFICATE OF DEATH

State File No. 22505

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 25 PRIMARY REG. DIST. NO. 4036 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Rich Hill, Bates Co</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rich Hill</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rich Hill</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home - 8th &amp; Vine</u>		d. STREET ADDRESS (If rural, give location) <u>8th &amp; Vine</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>AMANDA</u>	b. (Middle) <u>MULVIANA</u>	c. (Last) <u>SMITH</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>7-19-49</u>

5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb 16, 1870</u>	9. AGE (in years last birthday) <u>79</u>	10. MONTHS <u>5</u>	11. DAYS <u>3</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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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>Stockton Co. - Texas</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>MURKOE Stockton</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>A. J. Smith</u>
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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. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Dora Lee - McCune</u>	18. ADDRESS <u>Lawson</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Decompensation</u>		INTERVAL BETWEEN ONSET AND DEATH  <u>6 months</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Glomerulonephritis</u>		
	DUE TO (c) <u>Chronic Politis Choleangitic</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>593X</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Jan 10, 1949 to July 19, 1949, that I last saw the deceased alive on July 19, 1949, and that death occurred at 9:15 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>T. R. McBee D.O.</u>	23b. ADDRESS <u>Rich Hill MO</u>	23c. DATE SIGNED <u>7-22-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>7/20/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn</u>	24d. LOCATION (City, town, or county) (State) <u>Rich Hill MO</u>
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DATE REC'D BY LOCAL REG. <u>7-25-1949</u>	REGISTRAR'S SIGNATURE <u>Mrs. Edna Douglas</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. W. North</u>	ADDRESS <u>Rich Hill MO</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10-48  
1  
2  
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RECEIVED  
District Health Officer No. 7,  
District File Number 7-49-926  
Date Filed 8-2-49

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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 Robert D. Steinbeck

Licensed Embalmer No. 4657

P. O. Address Butler, 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.