

FILED SEP 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26506

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 5338 Registrar's No. 77

1. PLACE OF DEATH a. COUNTY <u>Dade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Dade County</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Walnut Grove Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Polk Township</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>Walnut Grove Mo. R10</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Walnut Grove, Polk County</u>			
3. NAME OF DECEASED a. (First) <u>Margaret</u> b. (Middle) <u>Jane</u> c. (Last) <u>Smith</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 13th 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED / NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April 22 - 1859</u>
9. AGE (In years last birthday) <u>90</u> 2 21		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>Home Keeper</u>	
11. BIRTHPLACE (State or foreign country) <u>Dade County Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Thomas Graham</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Brown</u>	
14. NAME OF HUSBAND OR WIFE <u>Henry G. Smith</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>No</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Perry Hurst, Walnut Grove, Mo.</u>		ADDRESS <u>Walnut Grove, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Cholecystitis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</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)		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 Jan 1 - 1949, to July 10, 1949, that I last saw the deceased alive on July 13, 1949, and that death occurred at 6:05 A.M., from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u> (Degree or title)		23b. ADDRESS <u>Walnut Grove Mo</u>	
23c. DATE SIGNED <u>July 14-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>July 15-1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Turkey Creek</u>		24d. LOCATION (City, town, or county) (State) <u>Near Walnut Grove Mo</u>	
DATE REC'D BY LOCAL REG. <u>Aug 27-49</u>		REGISTRAR'S SIGNATURE <u>Geo. L. Blair</u> 79	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Gene A. Brown</u>		ADDRESS <u>Walnut Grove Mo</u>	

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

RECEIVED SEP 6 1949
District Health Office No. 6,
District File Number 949-1030
Date Filed 9-12-49

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 _____
Student Embalmer

Signed Gene A. Brown

Licensed Embalmer No. 2664

P. O. Address Webster Brown, 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.