No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED SEP 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28982

BIRTH NO. _____ REG. DIST. NO. 325 PRIMARY REG. DIST. NO. 4476a Registrar's No. 39

1. PLACE OF DEATH
a. COUNTY: Schuyler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Downing
c. LENGTH OF STAY (In this place): all life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Schuyler
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Downing
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First) (DOLA) Dora
b. (Middle)
c. (Last) Smiley

4. DATE OF DEATH (Month) (Day) (Year): Aug 30, 1949

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: April 27, 1862
9. AGE (In years last birthday): 87 — If under 1 year: Months 4, Days 3 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Teacher
10b. KIND OF BUSINESS OR INDUSTRY: [redacted]
11. BIRTHPLACE (State or foreign country): Scotland Co. Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Robert Smiley
13b. MOTHER'S MAIDEN NAME: Martha Garrett
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Miss Carrie Smiley
ADDRESS: Downing, Mo.

MEDICAL CERTIFICATION

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) General Debility
DUE TO (c) Old Age

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

4221

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: There was No Operation
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): no
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): None
21c. (CITY, TOWN, OR TOWNSHIP) no (COUNTY) no (STATE): no Injury
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): none m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: None

22. *I hereby certify that I attended the deceased from* Aug 28, 1949, *to* Aug 29, 1949, *that I last saw the deceased alive on* Aug 29, 1949 *and that death occurred at* 11 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. F. Fewing M.D.
23b. ADDRESS: Downing Mo.
23c. DATE SIGNED: Sep 6-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 1, 1949
24c. NAME OF CEMETERY OR CREMATORY: Downing Cemetery
24d. LOCATION (City, town, or county) (State): Downing, Mo.

DATE REC'D BY LOCAL REG.: Sep. 6-49
REGISTRAR'S SIGNATURE: Mrs. R. J. Drake
3570
25. FUNERAL DIRECTOR'S SIGNATURE: Loyd Moore
ADDRESS: Downing Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED SEP 12 1949
District Health Officer No. 10
District File Number 9-49-1527
Date Filed SEP 12 1949

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 Me

..... Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Loyd Moore

Licensed Embalmer No. 3151

P. O. Address Downing 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.