

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33606**

FILED OCT 24 1949

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. Pl-7

1. PLACE OF DEATH a. COUNTY <u>GREEN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CHRISTIAN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPRINGFIELD, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ROGERSVILLE</u>	
c. LENGTH OF STAY (in this place) <u>18 hrs. 26</u>		d. STREET ADDRESS (If rural, give location) <u>R.R. 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SPRINGFIELD BAPTIST HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>CAPTOLA</u>	b. (Middle)	c. (Last) <u>SMITH</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 19 1949</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>OCT. 22 1875</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Days <u>11</u>	IF UNDER 4 HRS. Hours <u>27</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>GREEN CO. MISSOURI</u>		12. CITIZENRY OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>DICK BOWERS</u>	13b. MOTHER'S MAIDEN NAME <u>LOW SKELTON</u>	14. NAME OF HUSBAND OR WIFE <u>ALBERT SMITH</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>ALBERT SMITH - ROGERSVILLE</u>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		<u>2 wks.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Diabetes Mellitus</u>		<u>5 years.</u> <u>10 years.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>21. 0X</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)
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 Aug, 1942, to Oct 19, 1949, that I last saw the deceased alive on Oct 18, 1947, and that death occurred at 5 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Gene W. Fairthing M.D.</u>	23b. ADDRESS <u>Springfield, Mo</u>	23c. DATE SIGNED <u>10.21.49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>10-22-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Smith Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>GREENE CO. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>10-21-49</u>	REGISTRAR'S SIGNATURE <u>W. J. Standley</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Yellow-Tirell-Burgess</u>	ADDRESS <u>Rogersville, Mo.</u>
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(Licensed Embalmer's Statement, on Reverse Side)

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

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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 H. H. Kelley

Licensed Embalmer No. 3334

P. O. Address Fordland 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.