

FILED DEC 10 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38085

State File No. ....

BIRTH NO. .... REG. DIST. NO. 240 PRIMARY REG. DIST. NO. 5827 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Lewis Twsp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Lewis Twsp.</u>	
c. LENGTH OF STAY (in this place) <u>3 mo.</u>		d. STREET ADDRESS (If rural, give location) <u>3 miles west of Lilbourn</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 miles west of Lilbourn</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u>		b. (Middle) <u>Lou</u>	
		c. (Last) <u>Smothers</u>	
4. DATE OF DEATH Month <u>Nov</u> Day <u>28</u> Year <u>1949</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Dec. 17 1946</u>
9. AGE (In years last birthday) <u>2</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>11</u>	IF UNDER 2 HRS. Hours <u>11</u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Oklahoma /</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Yulise Smothers</u>		13b. MOTHER'S MAIDEN NAME <u>Rosae Yarbrough</u>	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Yulise Smothers Lilbourn, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Some lead</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.	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 <u>Office, Paris, Mo.</u> <u>Nov. 28, 1949</u> , that I last saw the deceased alive on <u>Nov 27, 1949</u> , and that death occurred at <u>1</u> A m., from the causes and on the date stated above.			
23a. SIGNATURE <u>G. N. Wilson</u> (Degree or title)		23b. ADDRESS <u>Lilbourn 110</u>	
		23c. DATE SIGNED <u>11-28-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 29 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mounds Park</u>	24d. LOCATION (City, town, or county) (State) <u>Lilbourn, Missouri</u>
DATE REC'D BY LOCAL REG. <u>Nov 29 1949</u>	REGISTRAR'S SIGNATURE <u>H. L. Bond</u> <u>Deputy</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ponder Funeral Home, Lilbourn, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-4872  
0  
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RECEIVED DEC 5 194

District Health Office No. 2,

District File Number 1249-122

Date Filed \_\_\_\_\_

**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 Homer L. Ponder

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

Licensed Embalmer No. 3367

P. O. Address Lilbourn, 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.