

FILED DEC 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Madison
State File No. 40843

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1095

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield, Missouri	
c. LENGTH OF STAY (in this place) 5 years		d. STREET ADDRESS (If rural, give location) 1424 Roanoke	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1424 Roanoke		e. STREET ADDRESS (If rural, give location) 1424 Roanoke	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Malissa	b. (Middle) Jane	c. (Last) Smith	(Month) December	(Day) 11	(Year) 1949

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH October 4, 1863	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months 2	IF UNDER 1 YEAR Days 7	IF UNDER 1 YEAR Hours 	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) In Home	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Butler County, Pennsylvania	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Elias Shaner	13b. MOTHER'S MAIDEN NAME Susannah Meyers	14. NAME OF HUSBAND OR WIFE Mrs. A. V. Mongar
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. A. V. Mongar	ADDRESS Springfield
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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		18. INTERVAL BETWEEN ONSET AND DEATH 2 WKS
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-sclerosis - Generalized DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		H500	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	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 **7-25-45**, 19**45**, to **12/12**, 19**49**, that I last saw the deceased alive on **1/8**, 19**49**, and that death occurred at **6:30 A** m., from the causes and on the date stated above.

23a. SIGNATURE A. P. Handley M.D.	(Degree or title) M.D.	23b. ADDRESS Springfield, Mo	23c. DATE SIGNED 12/12/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Dec. 11, 1949	24c. NAME OF CEMETERY OR CREMATORY unknown	24d. LOCATION (City, town, or county) (State) Osceola, Iowa
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DATE REC'D BY LOCAL REG. 12-13-49	REGISTRAR'S SIGNATURE W. E. Handley	25. FUNERAL DIRECTOR'S SIGNATURE James Schaff	ADDRESS Springfield, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

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..... *Gene C. Hunter*

Signed.....
Student Embalmer

Licensed Embalmer No. *4739*

P. O. Address *Springfield 4, 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.