

FILED MAR 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **44013**

BIRTH NO. _____		REG. DIST. NO. <b>326</b>	PRIMARY REG. DIST. NO. <b>6121</b>	Registrar's No. <b>53</b>
1. PLACE OF DEATH a. COUNTY <b>Shannon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Shannon</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Teresita</b>		c. LENGTH OF STAY (In this place) <b>50 years</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Teresita</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) _____		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Marion</b>		b. (Middle) <b>Preston</b>	c. (Last) <b>Smotherman</b>	4. DATE OF DEATH (Month) <b>July</b> (Day) <b>4</b> (Year) <b>1949</b>
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>April 26-1878</b>	9. AGE (In years last birthday) <b>71</b> IF UNDER 1 YEAR: Months <b>2</b> Days <b>9</b> IF UNDER 1 RES. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Minister</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>Hazel, Kentucky</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>				
13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Mary E Smotherman</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs M P Smotherman-Teresita</b> ADDRESS <b>Days, Mo.</b>
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) <b>Loss of mind then general debility</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Horry</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <b>3 yrs</b>
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) _____		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 <b>July 4, 1949</b> , to <b>July 4, 1949</b> , that I last saw the deceased alive on <b>July 4, 1949</b> , and that death occurred at <b>12:50 p.m.</b> , from the causes and on the date stated above.				
23a. SIGNATURE <b>R. S. David M.D.</b> (Degree or title)		23b. ADDRESS <b>Burch Tree Mo</b>		23c. DATE SIGNED <b>3/6-50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>July 6-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Pleasant Grove</b>	
		24d. LOCATION (City, town, or county) <b>Teresita, Mo.</b> (State) _____		
DATE REC'D BY LOCAL REG. <b>3-11-50</b>		REGISTRAR'S SIGNATURE <b>B. P. ...</b> <b>306</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Duncan Funeral Home Mtn View, Mo.</b> ADDRESS _____

(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300  
v. 10-48

10A

05

MAR 23 1950

RECEIVED 3-14-50

District Health Officer No. 8,

District File Number 3-50-177

Date Filed 3-17-50

---

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 Joe R. Duncan

Licensed Embalmer No. 4325

P. O. Address Wm. View, 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.