

1840

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 7 1950

BIRTH NO. _____		REG. DIST. NO. <u>231</u>		PRIMARY REG. DIST. NO. <u>4346</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <u>Montgomery.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> <u>Montgomery</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Montgomery</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Montgomery</u>		d. STREET ADDRESS (If rural, give location) <u>None</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				d. STREET ADDRESS (If rural, give location) <u>None</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Maryia</u> b. (Middle) <u>Lavinia</u> c. (Last) <u>Smith</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-2-50</u>					
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>4</u> (Specify)		8. DATE OF BIRTH <u>12-19 1880</u>		
9. AGE (In years last birthday) <u>69</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 12 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Librarian</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>08 Fallon Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>0</u>	
13a. FATHER'S NAME <u>Isac Smith</u>			13b. MOTHER'S MAIDEN NAME <u>Callie He nsell</u>			14. NAME OF HUSBAND OR WIFE <u>Single</u>		
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 <u>Mo</u> ADDRESS <u>Miss Martha Smith Montgomery City</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypernephroma (RT)</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Carcinomatous</u> DUE TO (c) <u>Metastasis (RT Kidney)</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Secondary Anemia</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u> <u>1 year</u> <u>1 year</u> <u>3-4 yrs</u>	
19a. DATE OF OPERATION <u>2-21-49</u>		19b. MAJOR FINDINGS OF OPERATION <u>Hypernephroma - RT Kidney</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>180X</u>				
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>Sept 7, 1935</u> , to <u>2-2, 1950</u> , that I last saw the deceased alive on <u>Feb. 1, 1950</u> and that death occurred at <u>8:30</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>E. T. Anderson, M.D.</u>				23b. ADDRESS <u>Montgomery City, Mo</u>		23c. DATE SIGNED <u>2/2/50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>2-3-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Montgomery City</u>		24d. LOCATION (City, town, or county) (State) <u>Montgomery Mo</u>		
DATE REC'D BY LOCAL REG. <u>2/4/50</u>		REGISTRAR'S SIGNATURE <u>Bernice E. Wyatt</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. W. HOPKINS MONTGOMERY CITY MO</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 31 1950

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~~ XXX ON TH
2 nd day of Feb 1950

Student Embalmer No. _____

working under my personal supervision.

Signed C. W. Hopkins

Signed _____
Student Embalmer

Licensed Embalmer No. I487

P. O. Address Montgomery City Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.