

FILED MAR 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7267

State File No.

BIRTH NO. _____ REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 4474 Registrar's No. 6

5970
1

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

1. PLACE OF DEATH a. COUNTY <u>SALINE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>SALINE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SWEET SPRINGS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SWEET SPRINGS 0910</u>	
c. LENGTH OF STAY (In this place) <u>69 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>202 East Marshall St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>202 East Marshall St.</u>			

3. NAME OF DECEASED a. (First) <u>MARCIA</u> b. (Middle) <u>ELLEN</u> c. (Last) <u>SMITH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb-4-50</u>		
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	
8. DATE OF BIRTH <u>Feb 17-1858</u>		9. AGE (In years last birthday) <u>91</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>17</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>Indiana</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	

13a. FATHER'S NAME <u>ELIJA HOLCROFT</u>		13b. MOTHER'S MAIDEN NAME <u>ADELINE RICE</u>		14. NAME OF HUSBAND OR WIFE <u>RUFUS E. SMITH</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>DOUGLAS SMITH, KANSAS CITY, MO</u> ADDRESS <u>7022 Prospect</u>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease with auricular fibrillation</u>				INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Generalized + cerebral arteriosclerosis</u> ?			
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>4:30</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)	
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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?	
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22. I hereby certify that I attended the deceased from 1-30, 1950 to 2-4, 1950, that I last saw the deceased alive on 2-4, 1950, and that death occurred at 9 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Edith J. Smith M.D.</u> (Degree or title)		23b. ADDRESS <u>Sweet Springs, Mo.</u>		23c. DATE SIGNED <u>2-5-50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2-6-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FAIRVIEW, CEM., SWEET SPRINGS, MO</u>		24d. LOCATION (City, town, or county) (State) <u>MO</u>	
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DATE REC'D BY LOCAL REG. <u>2/7/50</u>		REGISTRAR'S SIGNATURE <u>Dolly Andrews</u> <u>295</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. T. Parker</u> ADDRESS <u>Sweet Springs Mo.</u>	
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RECEIVED FEB 1 1950

District Health Officer No. 8,

District File Number _____

Date Filed 2-2-50

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 *L. F. Parker*

Licensed Embalmer No. 3840

P. O. Address Sweet Springs, Md

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.