

FILED APR 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9713

BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 4348 Registrar's No. 4

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> b. COUNTY <u>Montgomery</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wellsville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wellsville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS (If rural, give location) <u>207 E Bates</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>FLORA</u> b. (Middle) <u>CAROLINE</u> c. (Last) <u>Smith</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 25, 1950</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>JUNE 16, 1880</u>	
9. AGE (In years last birthday) <u>69</u>		10. IF UNDER 1 YEAR Months <u>8</u> Days <u>9</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 _____	
11. BIRTHPLACE (State or foreign country) <u>WARREN County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Henry Kuhne</u>		13b. MOTHER'S MAIDEN NAME <u>Wilhelmina Nolting</u>	
14. NAME OF HUSBAND OR WIFE <u>John Edward Smith</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Frances Mae McHenry</u> ADDRESS <u>437 S. Adams</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>Coronary Thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1/20/1</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
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) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____		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>Oct</u> , 19 <u>49</u> , to <u>March 25, 1950</u> , that I last saw the deceased alive on <u>March 22, 1950</u> , and that death occurred at <u>1 P.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>R. G. Steinfeld M.D.</u>		23b. ADDRESS <u>Wellsville Mo</u>	
23c. DATE SIGNED _____		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>March 27, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wellsville Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Wellsville, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Kuhne + Schlanke</u> ADDRESS <u>Wellsville, Mo</u>	
DATE REC'D BY LOCAL REG. <u>3/27/50</u>		REGISTRAR'S SIGNATURE <u>W. S. Roman Jr</u> ADDRESS <u>Montgomery City, Mo</u>	

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

5700

APR 22 1950

District File Number

District Health Officer No. 9

RECEIVED
APR 3 1950

APR 24 1950
APR 26 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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed E. Boone Schlank

Signed _____
Student Embalmer

Licensed Embalmer No. 4136

P. O. Address Montgomery City, 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.