

FILED MAY 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12638

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>427-A</u>			
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		8396			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Burge Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>910 W. Brower Street</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>CLARA</u>			b. (Middle) <u>ELLIS</u>		c. (Last) <u>SMITH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 4, 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>1895</u> <u>May 31, 1892</u>	9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	Hours	Min.
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>home</u>		11. BIRTHPLACE (State or foreign country) <u>Dallas County, Texas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Alfred Loftin</u>			13b. MOTHER'S MAIDEN NAME <u>Margaret Swadley</u>			14. NAME OF HUSBAND OR WIFE <u>Cecil Smith</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Cecil Smith, Springfield, Missouri</u>				
18. CAUSE OF DEATH (Enter only the cause per line for (a), (b), and (c)) <u>Acute heart dilation & failure</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute heart dilation & failure</u>						INTERVAL BETWEEN ONSET AND DEATH <u>approx 6 days</u>	
*This does not mean the mode of dying, such as death by failure, asthma, etc. It means the disease, including complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Malignancy cervix</u>		DUE TO (c) <u>metastases throughout chest & to rt. arm (pathological fracture). Les. late latent. over 2 yrs.</u>				<u>Dec 48</u> <u>Feb '50.</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) <u>171X</u>					
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 <u>7th August, 1948</u> , to <u>4 May, 1950</u> that I last saw the deceased alive on <u>4 May, 1950</u> , and that death occurred at <u>5:30P m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>W. E. Handley M.D.</u>				23b. ADDRESS <u>Springfield 2 Mo.</u>		23c. DATE SIGNED <u>5 May 50.</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6 May 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u>				
DATE REC'D BY LOCAL RES. <u>5-9-50</u>		REGISTRAR'S SIGNATURE <u>W. E. Handley M.D.</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Frank C. Thomas, Springfield, Mo.</u>				

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

JUN 22 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..... *Fred C. Thine*

Signed.....
Student Embalmer

Licensed Embalmer No. *2899*

P. O. Address *Springfield, Mass.*

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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Missouri }
County of Greene } ss.

State File No. 12638
Local Registrar's No.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 18th day of May, 1950, before me appears
Mr. Cecil Smith, who, upon his oath, states that the original record of ~~birth~~ death
for Clara Ellis Smith ~~died~~ 4 May, 1950, in the State of
Missouri, and which was filed at Springfield, Missouri 9 May 1950, should be corrected as follows:

Item No. 8 should read 31 May 1893

Instead of 31 May 1892

Item No. should read

Instead of

Item No. should read

Instead of

Item No. 1 should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

x Affiant Cecil Smith Husband
910 W. Brower Street Relationship.
Springfield, Missouri
Present Address.

Subscribed and sworn to before me this 18th day of May, 1950

My Commission expires 11 Dec 1953
Ralph H. Thiem Notary Public.

Handwritten containing erasures will not be accepted; draw one line through error and write above it.

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1340