

No. 300  
10.48

FILED APR 20 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5581 State File No. 13518  
2047 Registrar's No. 188

BIRTH NO.		REG. DIST. NO. 156		PRIMARY REG. DIST. NO.		Registrar's No. 188	
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Jasper			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tipton - Galena Twp.		c. LENGTH OF STAY (In this place) 52 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tipton - Galena Twp. Mo.		8490	
d. FULL NAME OF HOSPITAL OR INSTITUTION RR 2 Box 62				d. STREET ADDRESS (If rural, give location) RR 2 Box 62			
3. NAME OF DECEASED (Type or Print) a. (First) Edith		b. (Middle) Helen		c. (Last) Smith		4. DATE OF DEATH (Month) (Day) (Year) April 10, 1950	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1		8. DATE OF BIRTH Feb. 24, 1898	
9. AGE (In years last birthday) 52		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) 0	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Orlie King		13b. MOTHER'S MAIDEN NAME Mabel Roger		14. NAME OF HUSBAND OR WIFE Walter Smith	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Walter Smith, RR 2 Box 62 Galena			
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) Massive pulmonary embolus 1 da Congestive heart disease, auricular fibrillation 8 mos Hypertensive heart disease 2 yr now II: OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
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) 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 Dec 29, 1949, to April 10, 1950, that I last saw the deceased alive on April 7, 1950, and that death occurred at 2 P. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Clarence W. Erickson M.D.				23b. ADDRESS Pittsburg Kansas		23c. DATE SIGNED April 10, 1950	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 4-13-50		24c. NAME OF CEMETERY OR CREMATORY Ozark Memorial		24d. LOCATION (City; town; or county) (State) Joplin Mo.	
DATE REC'D BY LOCAL REG. 4-14-50		REGISTRAR'S SIGNATURE Ed. S. James 138		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Parker-Hinsaker Mortuary Joplin Mo.			

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

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RECEIVED 4/15/50  
Jasper County Health Office

County File Number 50-4-318

Date Filed 4-18-50

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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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.