

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAY 1 1950

 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 378 PRIMARY REG. DIST. NO. 4552 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>WRIGHT</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>WRIGHT</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>MTN GROVE, MO</u>		c. LENGTH OF STAY (in this place) <u>LIFETIME</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>MTN GROVE, MISSOURI</u> <u>1141</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MTN GROVE, MO</u>				d. STREET ADDRESS (If rural, give location) <u>MTN GROVE, MISSOURI</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALTHA</u>			b. (Middle) <u>MAUDE</u>		c. (Last) <u>SMART</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 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>July 11, 1887</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR <u>8</u> Months <u>23</u> Days	IF UNDER 24 HRS. <u>0</u> Hours <u>0</u> 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>HOUSEWIFE</u>		11. BIRTHPLACE (State or foreign country) <u>TEXAS COUNTY, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>GREENLEE</u>			13b. MOTHER'S MAIDEN NAME <u>MARY GREENLEE</u>		14. NAME OF HUSBAND OR WIFE <u>WM THOMAS SMART</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Wm THOMAS SMART MTN GROVE, MO</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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Edema</u> INTERVAL BETWEEN ONSET AND DEATH <u>4 Days</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Coronary Thrombosis</u> <u>6 mo</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>11/20/1</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
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) (Min.)		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>2-9</u> , 19 <u>49</u> to <u>4-3</u> , 19 <u>50</u> ; that I last saw the deceased alive on <u>4-3</u> , 19 <u>50</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. A. Craig M.D.</u>				23b. ADDRESS <u>Mountain Grove Mo</u>		23c. DATE SIGNED <u>4-15-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>APRIL 7 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FRIENDSHIP</u>		24d. LOCATION (City, town, or county) (State) <u>DAWSON, MO</u>	
DATE REC'D BY LOCAL REG. <u>4-21-50</u>		REGISTRAR'S SIGNATURE <u>a.b. Amer</u> <u>348</u>		25. FEDERAL DIRECTOR'S SIGNATURE ADDRESS <u>Musell Barber, Mtn. Grove, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED APR 27 1950  
WRIGHT CO. HEALTH DEPT.  
County File Number 450-50  
Date Filed 4-29-50

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 \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Russell Barber*  
Student Embalmer No. \_\_\_\_\_  
Licensed Embalmer No. *3848*

P. O. Address *Mtn. View, 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.