

FILED MAY 29 1950

STANDARD CERTIFICATE OF DEATH

15819

State File No.

BIRTH NO. _____ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 5057 Registrar's No. 37

1. PLACE OF DEATH
 a. COUNTY Barry
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Kings Prairie
 c. LENGTH OF STAY (in this place) 8 yrs
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) none

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE Missouri b. COUNTY Barry
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Monett R.R.
 d. STREET ADDRESS (If rural, give location) 7

3. NAME OF DECEASED
 (Type or Print) a. (First) Dorothy Mae b. (Middle) Smith c. (Last) _____

4. DATE OF DEATH (Month) (Day) (Year)
May 6 1950

5. SEX F

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH Jan 19 - 1924

9. AGE (In years last birthday) 26

MONTHS _____ # DAYS _____ # HOURS _____ # MIN. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Housewife

11. BIRTHPLACE (State or foreign country) Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Alec Miller

13b. MOTHER'S MAIDEN NAME Mary Schaffer

14. NAME OF HUSBAND OR WIFE Luther Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Luther Smith Monett Mo R#

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) Coronary Thrombosis
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) _____
 DUE TO (c) _____
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
10 days
4201

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-22, 1943, to 5-6, 1950, that I last saw the deceased alive on 4-26, 1950, and that death occurred at 7:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) L.S. Baldwin

23b. ADDRESS 202 Purdy Mo

23c. DATE SIGNED 5-15-50

24a. BURIAL CREMATION REMOVAL (Specify) Burial

24b. DATE May - 9 - 1950

24c. NAME OF CEMETERY OR CREMATORY Arnhart

24d. LOCATION (City, town, or county) (State) Purdy Mo

DATE REC'D BY LOCAL REG. 5-18-50

REGISTRAR'S SIGNATURE W. M. West

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bennett-Wormington Monett, Mo.

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

RECEIVED MAY 26 1950
District Health Office No. 6,
District File Number 550-609
Date Filed 5-26-50

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.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed London Bennett

Licensed Embalmer No. 4213

P. O. Address Moatt, 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.