

No. 300
10.48

FILED JUN 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19053

BIRTH NO. _____ REG. DIST. NO. 925 PRIMARY REG. DIST. NO. 4478 Registrar's No. 17

1. PLACE OF DEATH
a. COUNTY SCHUYLER
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LANCASTER
c. LENGTH OF STAY (in this place) 4 Mo
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Mo b. COUNTY SCHUYLER
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LANCASTER 1980
d. STREET ADDRESS (If rural, give location) _____ 0

3. NAME OF DECEASED
a. (First) MARGARET b. (Middle) M. c. (Last) SMITH
(Type or Print)

4. DATE OF DEATH (Month) (Day) (Year)
MAY 24 1950

5. SEX F
6. COLOR OR RACE W

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

8. DATE OF BIRTH MAR 17 1875

9. AGE (In years last birthday) 75 IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) WISCONSIN

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME B. C. Travis

13b. MOTHER'S MAIDEN NAME Mary Vanetta

14. NAME OF HUSBAND OR WIFE ED 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. _____

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Steve Maynard Lancaster Mo

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Degeneration
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Senility
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____

INTERVAL BETWEEN ONSET AND DEATH
4-22

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) m. _____

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 May 7, 1950, to May 18, 1950, that I last saw the deceased alive on May 18, 1950, and that death occurred at 2:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE R. E. Vaughn (Degree or title) D.O.

23b. ADDRESS Lancaster, Mo

23c. DATE SIGNED 5/25/50

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL

24b. DATE MAY 25, 50

24c. NAME OF CEMETERY OR CREMATORY GRAND ISLAND, NEB

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

DATE REC'D BY LOCAL REG. _____

REGISTRAR'S SIGNATURE _____

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS _____

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

1980

RECEIVED JUN 5 1950
District Health Officer No. 10
District File Number 6-50-935
Date Filed JUN 6 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.

Student
Student Embalmer

Signed Everett R Head

Licensed Embalmer No. 4038

P. O. Address Lancaster, 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.