S. No. 300
v. 10.48

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

FILED JUN 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19310

BIRTH NO. _____ REG. DIST. NO. 14 PRIMARY REG. DIST. NO. 4028 Registrar's No. 13

1. PLACE OF DEATH
a. COUNTY: BARTON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LIBERAL
c. LENGTH OF STAY (in this place): 63
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): AT HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: BARTON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LIBERAL 0660
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): SARAH
b. (Middle): JANE
c. (Last): SMITH

4. DATE OF DEATH (Month): JUNE (Day): 4 (Year): 1950

5. SEX: F 1
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 1
8. DATE OF BIRTH: MAR 21 1887
9. AGE (In years last birthday): 63 — If under 1 year: Months: 2 Days: 13 — If under 24 hrs.: 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: OWN HOME
11. BIRTHPLACE (State or foreign country): LIBERAL, MISSOURI 0
12. CITIZEN OF WHAT COUNTRY?: US
13a. FATHER'S NAME: JAMES OTHEN
13b. MOTHER'S MAIDEN NAME: PERMELIA
14. NAME OF HUSBAND OR WIFE: FRANK J. SMITH
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): XXX
16. SOCIAL SECURITY NO.: XXX
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: CLARENCE SMITH, FT. SCOTT, KANSAS

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

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2½ hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Essential Hypertension — hrs
DUE TO (c) Arterioscerotic Heart Disease & passive Congestion — 5 to 10 h
5 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Neuro-thyroid Imbalance — 4200

19a. DATE OF OPERATION: NONE
19b. MAJOR FINDINGS OF OPERATION: NONE
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): NONE
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): NONE
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): NONE m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: NONE

22. *I hereby certify that I attended the deceased from* May 18, 19 45, *to* June 4, 19 50, *that I last saw the deceased alive on* June 4, 19 50, *and that death occurred at* 1:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. H. Kneeland, D.O.
23b. ADDRESS: Liberal, Missouri
23c. DATE SIGNED: 6-6-50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: June 7, 1950
24c. NAME OF CEMETERY OR CREMATORY: Liberal Cemetery
24d. LOCATION (City, town, or county) (State): Liberal, Missouri

DATE REC'D BY LOCAL REG.: June 10, 1950
REGISTRAR'S SIGNATURE: Charlotte McDowell 420
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: KONANTZ FUNERAL HOME? Lamar Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 1950
District Health Office No. 6,
District File Number 650-698
Date Filed 6-17-50

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 Embalmer No. .....

Signed Walter J. Konarty

Signed .....
Student Embalmer

Licensed Embalmer No. 4773

P. O. Address Lamar, 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.