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FILED JUN 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20694

State File No. _____
Registrar's No. 90

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 312.7

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City, Mo	
c. LENGTH OF STAY (in this place) 15 Yrs.		d. STREET ADDRESS (If rural, give location) 30 S. Main St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 30 S. Main St.			

3. NAME OF DECEASED (Type or Print) a. (First) Susanna b. (Middle) Jane c. (Last) Smelser			4. DATE OF DEATH (Month) (Day) (Year) June 20, 1950		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Jan. 31, 1878		9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months 4 Days 19	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Columbus, Kansas	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Wm. Wright		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE	
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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 Glodie Clubb 30 S. Main, Webb City, Mo	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage					24 hours
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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			331X
		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"/>	
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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)	
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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?
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22. I hereby certify that I attended the deceased from June 19, 1950, to June 20, 1950, that I last saw the deceased alive on June 20, 1950, and that death occurred at 10:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) S. B. Munson M.D.		23b. ADDRESS Webb City, Mo.		23c. DATE SIGNED 6-21-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 22, 1950		24c. NAME OF CEMETERY OR CREMATORY Oak Side Cemetery	
				24d. LOCATION (City, town, or county) (State) Mt. View, Missouri	

DATE REC'D BY LOCAL REG. June 21 1950		REGISTRAR'S SIGNATURE S. L. Suter		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Johnston-Arnce-Simpson, Webb City, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 6-27-50

Jasper County Health Office

County File Number 50-6-502

Date Filed 6-27-50

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

Student Embalmer No.

working under my personal supervision.

Student Student Embalmer

Signed Jack C. Simpson

Licensed Embalmer No. 4647

P. O. Address Webb City, 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.