

FILED AUG 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23439

State File No.

BIRTH NO. _____ REG. DIST. NO. 5 PRIMARY REG. DIST. NO. 4232 Registrar's No. 47

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| 1. PLACE OF DEATH a. COUNTY <u>Howell</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Willow Springs</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kingsville R#2. 0510</u> | |
| c. LENGTH OF STAY (in this place) <u>15 months</u> | | d. STREET ADDRESS (If rural, give location) <u>1</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u> | | | |

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|-------------------------------------|--------------------------|---------------------------|------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Jennie</u> | b. (Middle) <u>Hughes</u> | c. (Last) <u>SMITH</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 21, 1950.</u> |
|-------------------------------------|--------------------------|---------------------------|------------------------|--|

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|----------------------|-------------------------------|---|---------------------------------------|---|---|---|
| 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>April 1, 1879</u> | 9. AGE (In years last birthday) <u>71</u> | IF UNDER 1 YEAR Months <u>3</u> Days <u>20</u> | IF UNDER 24 HRS. Hours _____ Mins. _____ |
|----------------------|-------------------------------|---|---------------------------------------|---|---|---|

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| 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 _____ | 11. BIRTHPLACE (State or foreign country) <u>Bridgeport, Alabama</u> | 12. CITIZEN OF WHAT COUNTRY? _____ |
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| 13a. FATHER'S NAME <u>William Hughes</u> | 13b. MOTHER'S MAIDEN NAME <u>Susan Long</u> | 14. NAME OF HUSBAND OR WIFE <u>George M. Smith</u> |
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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) _____ | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Ted Mumford, Willow Spgs., Mo.</u> |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH <u>5 years</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Left Ventricular heart failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Rheumatic heart disease</u> DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | <u>4/6X</u> | |

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| 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) _____ | 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 Jan 1949, to July 21, 1950, that I last saw the deceased alive on July 21, 1950, and that death occurred at 7:55 a.m., from the causes and on the date stated above.

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|---|---|----------------------------------|
| 23a. SIGNATURE (Degree or title) <u>R.E. Musser, M.D.</u> | 23b. ADDRESS <u>Willow Springs, Mo.</u> | 23c. DATE SIGNED <u>7/27/50.</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>7/23/50.</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Plesant Hill Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Plesant Hill, Missouri.</u> |
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| DATE REC'D BY LOCAL REG. <u>July 26, 1950</u> | REGISTRAR'S SIGNATURE <u>Marshall Ballard</u> | 387 | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Burns Funeral Home, Willow Spgs., Mo.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

460

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED JUL 25 1950

Dist. File 750-880

Date Filed 7-31-50

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 *T. R. Burns*
T. R. Burns

Licensed Embalmer No. 4214

P. O. Address Willow Springs, 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.