

FILED AUG 9 1950

STANDARD CERTIFICATE OF DEATH

State File No. 23854
Registrar's No. 140

BIRTH NO. _____		REG. DIST. NO. 157		PRIMARY REG. DIST. NO. 4247		Registrar's No. 140			
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 town) Jasper		c. LENGTH OF STAY (in this place) 8 years		c. CITY (If outside corporate limits, write RURAL and give township) Jasper		0493			
d. FULL NAME OF HOSPITAL OR INSTITUTION Jasper, Mo.				d. STREET ADDRESS ---				0	
3. NAME OF DECEASED (Type or Print) a. (First) NETTIE		b. (Middle) MAYBELLE		c. (Last) SMITH		4. DATE OF DEATH (Month) (Day) (Year) July 31, 1950			
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH July 3, 1897	9. AGE (In years last birthday) 53		IF UNDER 1 YEAR Months 0 Days 28		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired schoolteacher		10b. KIND OF BUSINESS OR INDUSTRY Jasper schools		11. BIRTHPLACE (State or foreign country) Center, Missouri		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Thomas Keithley		13b. MOTHER'S MAIDEN NAME unknown Graves		14. NAME OF HUSBAND OR WIFE Gene Smith					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Gene Smith		ADDRESS Jasper, Missouri.			
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 occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 0 DUE TO (c) 0 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 0						INTERVAL BETWEEN ONSET AND DEATH instant death 4201	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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 <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 29 July '50, 19, to 31 July '50, 19, that I last saw the deceased alive on 29 July '50, 19, and that death occurred at 5:40p m., from the causes and on the date stated above.									
23a. SIGNATURE <i>W. E. ...</i> (Degree or title) 0				23b. ADDRESS Carthage Missouri		23c. DATE SIGNED 1 Aug '50			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial 0		24b. DATE Aug 3, 1950		24c. NAME OF CEMETERY OR CREMATORY Paradise Cemetery		24d. LOCATION (City, town, or county) (State) Jasper County, Missouri			
DATE REC'D BY LOCAL REG. 8-3-50		REGISTRAR'S SIGNATURE L. B. Clinton, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Knell Mortuary		ADDRESS Carthage, Missouri			

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

RECEIVED 8-8-50

Jasper County Health Office

County File Number 50-8-590

Date Filed 8-8-50

AUG 11 1950

AUG 17 1950

JUL 9 1958

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 Frank W. Kneel

Licensed Embalmer No. 4440

P. O. Address Carthage

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.