

FILED SEP 14 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27692

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 162

1. PLACE OF DEATH a. COUNTY <b>Nodaway</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Nodaway</b>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <b>Maryville</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Maryville</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>1201 East Third</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1201 East Third</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>IZORA</b>		b. (Middle)	
c. (Last) <b>Smith</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>7 30 50</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>5/13/81</b>
9. AGE (In years last birthday) <b>69</b>		IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>	11. BIRTHPLACE (State or foreign country) <b>Maryville, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>Hiran Edwards</b>		13b. MOTHER'S MAIDEN NAME <b>Alice Sexton</b>	14. NAME OF HUSBAND OR WIFE <b>Charles Smith</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Wm. Tarpley, Maryville, Mo.</b>
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) <b>Cerebral Embolus</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Generalized Arteriosclerosis +</b> DUE TO (c) <b>Cardiac Decompensation</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Nephritis Mellitus + Nephritis</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <b>Oct 23, 19 48</b> to <b>July 30, 19 50</b> , that I last saw the deceased alive on <b>July 30, 19 50</b> , and that death occurred at <b>2:30A</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>W. K. Jackson</b> (Degree or title) <b>M. D.</b>		23b. ADDRESS <b>Maryville, Missouri</b>	23c. DATE SIGNED <b>8/1/50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>8/1/50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Miriam</b>	24d. LOCATION (City, town, or county) (State) <b>Maryville, Missouri</b>
DATE REC'D BY LOCAL REG. <b>8-5-50</b>	REGISTRAR'S SIGNATURE <b>Beas Holt</b>	229	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Price Funeral Home, Maryville, Mo.</b>

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

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0742  
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**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 Clem M. Price

Licensed Embalmer No. 1822

P. O. Address Mayville, 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.