

FILED SEP 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29264

State File No.

BIRTH NO. _____ REG. DIST. NO. 376 PRIMARY REG. DIST. NO. 4560 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY Wright		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Howell	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Norwood Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Willow Springs, 0460	
c. LENGTH OF STAY (In this place) 6 days		d. STREET ADDRESS (If rural, give location) 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Millard rest home			
3. NAME OF DECEASED a. (First) Izora b. (Middle) Oleiva c. (Last) Smith			4. DATE OF DEATH. (Month) (Day) (Year) 8 7 50
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Aug. 25, 1857
9. AGE (In years last birthday) 82		IF UNDER 1 YEAR 11 MONTHS 12 DAYS	IF UNDER 1 HR. 0 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) St. Louis County Mo.
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Andrew Stuart		13b. MOTHER'S MAIDEN NAME Pricilla McCullough	
14. NAME OF HUSBAND OR WIFE J. N. 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 Mrs. Ernest Roberson Willow Spring ADDRESS Willow Spring			
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) Cerebral Hemorrhage INTERVAL BETWEEN ONSET AND DEATH 6 days ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis DUE TO (c) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cachexia	
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 Aug 1, 1950 , to Aug 7, 1950 , that I last saw the deceased alive on Aug 6, 1950 , and that death occurred at 4 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Dr. Newton Neufeld		23b. ADDRESS Mansfield, Missouri	
23c. DATE SIGNED 8/9/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/9/50	
24c. NAME OF CEMETERY OR CREMATORY Nease Cemetery		24d. LOCATION (City, town, or county) (State) Willow Springs, Mo.	
DATE REC'D BY LOCAL REG. 8/18/50		REGISTRAR'S SIGNATURE Mrs. G. R. W. ...	
25. FUNERAL DIRECTOR'S SIGNATURE Mrs. Burns		ADDRESS Willow Springs, Mo.	

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED

AUG 16 1950

Dist. File

950-408

Date Filed

SEP 2 1950

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.

Fred W. Barnes

Signed Fred W. Barnes

Student
Student Embalmer

Licensed Embalmer No. 4614

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.