

FILED OCT 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29363

BIRTH NO. _____ REG. DIST. NO. 14 PRIMARY REG. DIST. NO. 5066 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY BARTON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY BARTON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL SOUTHWEST		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL SOUTHWEST 0060	
c. LENGTH OF STAY (in this place) 67 yrs		d. STREET ADDRESS (If rural, give location) STAR ROUTE	
d. FULL NAME OF HOSPITAL OR INSTITUTION STAR ROUTE			

3. NAME OF DECEASED (Type or Print) a. (First) ISABELLE b. (Middle) G c. (Last) SMITH			4. DATE OF DEATH (Month) (Day) (Year) OCT. 6, 1950			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2	8. DATE OF BIRTH OCT. 3, 1860	9. AGE (In years last birthday) 90	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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) Mc HENRY COUNTY ILLINOIS		12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME CALVIN H. SHAPLEY		13b. MOTHER'S MAIDEN NAME MELISSA CARMICHAEL		14. NAME OF HUSBAND (DECEASED) ALBERT EUGENE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) UNKNOWN (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME ANNIE BELLE SMITH ADDRESS STAR ROUTE	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Myocardial Insufficiency</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Pericardial Constriction</i> DUE TO (c) <i>General Debility</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2900	
--	--	--	--	--	--	--	--

19a. DATE OF OPERATION <i>no</i>		19b. MAJOR FINDINGS OF OPERATION <i>none</i>		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>no</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Barton MO</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input checked="" 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 1 - 1948*, to *Oct 6 - 1950*, that I last saw the deceased alive on *Oct 6 - 1950* and that death occurred at *1-15 p.m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>George J. P. ...</i> (Degree or title)		23b. ADDRESS <i>... Independence Mo</i>		23c. DATE SIGNED <i>10/7/50</i>	
24a. BURIAL CREMATION, REMOVAL (Specify) BURIAL		24b. DATE <i>10-9-50</i>		24c. NAME OF CEMETERY OR CREMATORY LAKE CEMETERY	
		24d. LOCATION (City, town, or county) JAMAR		MISSOURI	

DATE REC'D BY LOCAL REG. <i>Oct 7, 1950</i>		REGISTRAR'S SIGNATURE <i>Charlotte McDowell</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS PELLSWORTH UND. CO. PITTSBURG, KANSAS	
---	--	---	--	--	--

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield
RECEIVED OCT 11 1950
Dist. File 10-50-2291
Date Filed 10-11-50

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 Robert A. Yancey
Licensed Embalmer No. 3456
P. O. Address Pittsburg, Kan.

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.