S. No. 300
. 10.48

FILED SEP 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29546

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5134 Registrar's No. 1019

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Rt. 4 St. Joseph
c. LENGTH OF STAY (In this place): 20 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route 4 Washington Twsp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan 0110
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph Rural Rt. 4 0
d. STREET ADDRESS (If rural, give location): Route 4 Belt Highway

3. NAME OF DECEASED (Type or Print)
a. (First): SARAH
b. (Middle): FLORENCE
c. (Last): SMITH

4. DATE OF DEATH (Month) (Day) (Year): Sept. 2, 1950

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Sept. 26, 1873
9. AGE (In years last birthday): 76 — If under 1 year: Months 11, Days 5 — 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: Own home
11. BIRTHPLACE (State or foreign country): Alanthus Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Samuel Stinson
13b. MOTHER'S MAIDEN NAME: Martha Ferrell
14. NAME OF HUSBAND OR WIFE: Onie E. Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs. D. O. Wilson — ADDRESS: Rt. 4 St. Joseph, Mo.

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 Hemor. — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chr Malignant Hypertension — 5 yrs
DUE TO (c) Chr Valvular Heart Dis — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chr Cerebro Pelvic — 35 yr.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 15, 1950, *to* Sept 2, 1950, *that I last saw the deceased alive on* Sept 2, 1950, *and that death occurred at* 1:45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C R Jamison MD
23b. ADDRESS: 1 7/4 Sec Ave
23c. DATE SIGNED: 9/3/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 4, 1950
24c. NAME OF CEMETERY OR CREMATORY: High Ridge Cemetery
24d. LOCATION (City, town, or county) (State): Stanberry Mo.

DATE REC'D BY LOCAL REG.: Sept. 12, 1950
REGISTRAR'S SIGNATURE: H. B. Jenkins 382 0
25. FUNERAL DIRECTOR'S SIGNATURE: Earl A Clark — ADDRESS: 120 Illinois Av.

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Signed Earl A. Clark

Signed.....
Student Embalmer

Licensed Embalmer No. 4234

P. O. Address St Joseph 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.