

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

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

FILED NOV 8 1950

34349

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>343</u>	
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>MISSOURI</u> COUNTY <u>Pettis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>SEDALIA</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>SMITHTON</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BOTHWELL</u>				d. STREET ADDRESS (If rural, give location) <u>SMITHTON TOWNSHIP</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LULU</u>		b. (Middle) _____		c. (Last) <u>SMITH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 31-1950</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>SEPT 12-76</u>	
9. AGE (In years last birthday) <u>74</u>		10. IF UNDER 1 YEAR Months <u>1</u> Days <u>19</u>		11. BIRTHPLACE (State or foreign country) <u>SMITHTON PETTIS CO MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DOING HOUSEWORK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>		11. BIRTHPLACE (State or foreign country) <u>SMITHTON PETTIS CO MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>JOHN PIERCE</u>		13b. MOTHER'S MAIDEN NAME <u>MATILDA GODBEY</u>		14. NAME OF HUSBAND OR WIFE <u>IRA</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ira Smith</u>		ADDRESS <u>Smithton Mo</u>	
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) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pulmonary infection</u> DUE TO (c) <u>Fracture, left hip</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>etc.</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES ☒ NO ☐			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Smithton Pettis MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct 17 1950 3 p.</u>		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒		21f. HOW DID INJURY OCCUR? <u>Fell in her own home</u>			
22. I hereby certify that I attended the deceased from <u>Oct 1950</u> , to <u>31 Oct 1950</u> , that I last saw the deceased alive on <u>30 Oct 1950</u> , and that death occurred at <u>3:45 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Carl H. Hagedorn, M.D.</u>				23b. ADDRESS <u>412 1/2 So Ohio Ave, Sedalia</u>		23c. DATE SIGNED <u>3 Oct 50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 1-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Smithton</u>		24d. LOCATION (City, town, or county) (State) <u>Smithton Pettis MO</u>	
DATE REC'D BY LOCAL REG. <u>Nov 1-1950</u>		REGISTRAR'S SIGNATURE <u>A. J. Campbell, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A. T. Hennessey</u>		ADDRESS <u>Smithton Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 11-6-50
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 11-6-50

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

A. F. Neumann

Licensed Embalmer No. 3912

P. O. Address *Smithton, Pa.*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply
the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.