

FILED DEC 12 1950

STANDARD CERTIFICATE OF DEATH

State File No. 36163

BIRTH NO. _____ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 4049 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Centralia		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Centralia	
d. FULL NAME OF HOSPITAL OR INSTITUTION 212 South Barr		d. STREET ADDRESS (If rural, give location) 212 South Barr	

3. NAME OF DECEASED (Type or Print) a. (First) OLLIE b. (Middle) FRANCES c. (Last) RUSSELL SMITH			4. DATE OF DEATH (Month) 12 (Day) -9 (Year) 50		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 4-25-1878	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months 7 Days 14	IF UNDER 6 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Boone County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Reuben Russell	13b. MOTHER'S MAIDEN NAME Sarah Neil	14. NAME OF HUSBAND OR WIFE Joe S. Smith
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Joe S. Smith	ADDRESS Centralia, Missouri
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>General debility</u>		<u>1 month</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral hemorrhage</u> DUE TO (c) <u>arterial hypertension</u>		<u>1 month</u> <u>unknown</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from June 15, 1946, to December 9, 1950, that I last saw the deceased alive on Dec 8, 1950, and that death occurred at 6:05 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>J. Lachance</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Centralia, Mo</u>	23c. DATE SIGNED <u>12-9-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-11-50	24c. NAME OF CEMETERY OR CREMATORY Centralia Cemetery	24d. LOCATION (City, town, or county) (State) Centralia, Missouri
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DATE REC'D BY LOCAL REG. Dec 9-1950	REGISTRAR'S SIGNATURE <u>Maud Mc Bride</u>	30	25. FUNERAL DIRECTOR'S SIGNATURE <u>Bill E. Meador</u>	ADDRESS <u>Centralia Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 12/11/57

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 12/11/57

DEC 18 1957

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 _____

Lois M. Meador

Student Embalmer No. *379*

working under my personal supervision.

Student *Lois M. Meador*
Student Embalmer

Signed *A. E. Boothe*

Licensed Embalmer No. *14087*

P. O. Address *Sturgis, 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.