

FILED NOV 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36315

State File No.

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5139 Registrar's No. 442

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Butler	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Coon Island		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Coon Island	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 7 miles East of Neelyville	

3. NAME OF DECEASED (Type or Print)	a. (First) Mildred	b. (Middle) Mayme	c. (Last) Smith	4. DATE OF DEATH (Month) (Day) (Year) Nov. 12, 1950
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 4, 1910	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) 40
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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 Home	11. BIRTHPLACE (State or foreign country) Dunklin Co. Mo. 0	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME W. H. Bishop	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Howard 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 ADDRESS Howard Smith Neelyville, Mo.
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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, ashenia, 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) Apoplexy		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac failure DUE TO (c) Advance Adeno-Carcinoma (uterus)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Metastasis brain		174x	

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) (Min.)	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 1, 1948, to 11-13-50, that I last saw the deceased alive on 11-7-50, and that death occurred at 9:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Print or title) W. H. Johnson	23b. ADDRESS Poplar Bluff Mo	23c. DATE SIGNED 11-13-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/14/50	24c. NAME OF CEMETERY OR CREMATORY Bernie Cemetery	24d. LOCATION (City, town, or county) (State) Bernie, Mo.
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DATE REC'D BY LOCAL REG. Nov. 15-1950	REGISTRAR'S SIGNATURE Wm H. Johnson	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gish Funeral Home Naylor, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

NOV 20 1950
BUTLER CO. HEALTH CENTER
FILE No. 1150-464

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 _____

Charles Mc Cord

Student Embalmer No. 387

working under my personal supervision.

Student *Charles Mc Cord*
Student Embalmer

Signed *Bryan Mc Cord*

Licensed Embalmer No. 4079

P. O. Address Maylor, 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.