

FILED DEC 12 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38076

State File No. \_\_\_\_\_

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

BIRTH NO. _____		REG. DIST. NO. <u>293</u>		PRIMARY REG. DIST. NO. <u>4436</u>		Registrar's No. <u>20</u>		
1. PLACE OF DEATH a. COUNTY <u>Ralls</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ralls</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New London</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New London</u>		0879		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print)			a. (First) <u>Blanche G.</u>			b. (Middle) <u>Smith</u>		
			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>November 20, 1950</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 19, 1889</u>		9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>1</u>	IF UNDER 15 Hrs. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>XX</u>	11. BIRTHPLACE (State or foreign country) <u>New London Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>		
13a. FATHER'S NAME <u>Ben F. Grisham</u>			13b. MOTHER'S MAIDEN NAME <u>Ida May Lashbrook</u>			14. NAME OF HUSBAND OR WIFE <u>James L. Smith</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Virgil Megown</u>					ADDRESS <u>New London Missouri</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Any cerebral Decomposition</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Not known</u> II. OTHER SIGNIFICANT CONDITIONS <u>As of above</u>						INTERVAL BETWEEN ONSET AND DEATH <u>40 hours</u> <u>spec</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>July 1950</u> to <u>Nov 18, 1950</u> that I last saw the deceased alive on <u>Nov 18, 1950</u> , and that death occurred at <u>5:00 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Thos. R. Moore M.D.</u>			23b. ADDRESS <u>New London Missouri</u>			23c. DATE SIGNED <u>Nov 21-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11/28/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Barkley</u>		24d. LOCATION (City, town, or county) (State) <u>Hannibal Missouri</u>				
DATE REC'D BY LOCAL REG. <u>Nov 21, 1950</u>	REGISTRAR'S SIGNATURE <u>H. J. Traters 268</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>H. Crawford Smith</u>		ADDRESS <u>Hannibal Missouri</u>		

Date Received: DEC 4 1950  
DISTRICT HEALTH OFFICE  
District File Number 12-50  
Date Filed: DEC 7 1950

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

working under my personal supervision.

Student Embalmer No. ....

Signed

*John S. Ward*

Signed.....

Student Embalmer

Licensed Embalmer No. 4540

P. O. Address Hannibal Missouri

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.