

FILED JAN 8 1951

STANDARD CERTIFICATE OF DEATH

State File No. 41898

BIRTH NO. _____ REG. DIST. NO. 314 PRIMARY REG. DIST. NO. 6061 Registrar's No. 81

930

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

1. PLACE OF DEATH a. COUNTY St. Clair			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Clair		
b. CITY OR TOWN Gerster Dallas twp		c. LENGTH OF STAY (in this place) 8 years	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gerster (Rural) Dallas		
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location) 0930		

3. NAME OF DECEASED (Type or Print) Barbara		a. (First)	b. (Middle) -----	c. (Last) Smith	4. DATE OF DEATH (Month) (Day) (Year) 12/4/1950
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2/4/1871	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months 10	IF UNDER 24 Hrs. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeping		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Wheatland Missouri	12. CITIZEN OF WHAT COUNTRY? US
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13a. FATHER'S NAME Jacob Mosser		13b. MOTHER'S MAIDEN NAME Christina Miller	14. NAME OF HUSBAND OR WIFE Hezekiah Smith
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or date of service) None	17. INFORMANT'S SIGNATURE OR NAME Hezekiah Smith Gerster Mo.	ADDRESS
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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) Ventricular Fibrillation		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Thrombosis DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		↓ 20 / 1	

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)
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 **12/2, 1950**, to **12/4, 1950**, that I last saw the deceased alive on **12/3, 1950**, and that death occurred at **10A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. Mark Judd, M.D.	23b. ADDRESS Osceola Mo.	23c. DATE SIGNED 12/5/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/6/1950	24c. NAME OF CEMETERY OR CREMATORY Kings Prairie	24d. LOCATION (City, town, or county) (State) St. Clair County Mo.
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DATE REC'D BY LOCAL REG. 12-6-50	REGISTRAR'S SIGNATURE Ruth Seever	25. FUNERAL DIRECTOR'S SIGNATURE J.B. Goodrich	ADDRESS Osceola Mo.
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RECEIVED

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed _____

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 J. B. Baskin

Licensed Embalmer No. 3038

P. O. Address Oscoda, Mich

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.