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10-48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DEC 27 1950

State File No. 43384

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 187

1. PLACE OF DEATH F51

a. COUNTY: Vernon

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nevada

c. LENGTH OF STAY (in this place): 8 hrs.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Nevada Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Missouri

b. COUNTY: Vernon 1080

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ✓ 0

d. STREET ADDRESS (If rural, give location): ✓

3. NAME OF DECEASED (Type or Print)

a. (First): Barbara

b. (Middle): Jean

c. (Last): Smith

4. DATE OF DEATH (Month) (Day) (Year): Nov. 21, 1950

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): infant 0

8. DATE OF BIRTH: Nov. 20, 1950

9. AGE (In years last birthday): IF UNDER 1 YEAR — Months: ; Days: ; IF UNDER 24 HRS. — Hours: 23 ; Min.: 19

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Missouri 0

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: RayuSmithi

13b. MOTHER'S MAIDEN NAME: Ina Stewart

14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: no

17. INFORMANT'S SIGNATURE OR NAME: Ray Smith ADDRESS: Walker, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Clot in Umbilical Cord. — INTERVAL BETWEEN ONSET AND DEATH: Dont Know

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____ — 7730

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Umbilical cord tightly around baby's neck twice. — Dont Know

19a. DATE OF OPERATION: ✓

19b. MAJOR FINDINGS OF OPERATION: ✓

20. AUTOPSY? YES ☐ NO ☒

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) Nevada (COUNTY) Vernon (STATE) Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: ✓

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: _____

22. *I hereby certify that I attended the deceased from* Nov 20, 1950, *to* Nov 21, 1950, *that I last saw the deceased alive on* Nov 21, 1950, *and that death occurred at* 1 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. Love (Degree or title) M.D.

23b. ADDRESS: Nevada, Mo.

23c. DATE SIGNED: 11/26/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Nov. 21, 1950

24c. NAME OF CEMETERY OR CREMATORY: Harwood Cemetery

24d. LOCATION (City, town, or county) (State): Harwood Mo.

DATE REC'D BY LOCAL REG.: Nov. 26-50

REGISTRAR'S SIGNATURE: Kathryn H. Yancey 331

25. FUNERAL DIRECTOR'S SIGNATURE: [illegible] ADDRESS: Harwood, Mo.

(Licensed Embalmer's Statement on Reverse Side)

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED DEC 11 1950

Dist. File 1250-2471

Date Filed 12-14-50

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 not .....

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed [illegible]

Licensed Embalmer No. 2709

P. O. Address Harwood, 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.