S. No. 300
v. 10.48

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

FILED JAN 26 1951

STANDARD CERTIFICATE OF DEATH

43678

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 277 PRIMARY REG. DIST. NO. 4411 Registrar's No. 59

1. PLACE OF DEATH
a. COUNTY Pike
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bowling Green
c. LENGTH OF STAY (In this place) 24 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Ind
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Goshen
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Shirley
b. (Middle) Ann
c. (Last) Smith

4. DATE OF DEATH (Month) Dec (Day) 24 (Year) 1950

5. SEX Female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) —
8. DATE OF BIRTH Aug. 23 1939
9. AGE (In years last birthday) 11 — IF UNDER 1 YEAR: Months 4 Days 1 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Goshen Ind
12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME Earl E Smith
13b. MOTHER'S MAIDEN NAME Vella Worthington
14. NAME OF HUSBAND OR WIFE —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) —
(If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT'S SIGNATURE OR NAME Mrs. Earl E. Smith
ADDRESS Goshen Ind

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) Nephritis — INTERVAL BETWEEN ONSET AND DEATH 5 yrs

ANTECEDENT CAUSES

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

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. — 260X

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) (COUNTY) (STATE)
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 ....., 19..., to ....., 19..., that I last saw the deceased alive on ....., 19..., and that death occurred at 5 p.m., from the causes and on the date stated above.*

23a. SIGNATURE J M Mathews
(Degree or title) M.D.
23b. ADDRESS Bowling Green Ky
23c. DATE SIGNED 12-27-5

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Dec 26 1950
24c. NAME OF CEMETERY OR CREMATORY Bowling Green
24d. LOCATION (City, town, or county) Bowling Green (State) Ind

DATE REC'D BY LOCAL REG. 1/3/51
REGISTRAR'S SIGNATURE Bill Robinson
25. FUNERAL DIRECTOR'S SIGNATURE Grace Deatherhead
ADDRESS Bowling Green Ind

(Licensed Embalmer's Statement on Reverse Side)

Date Received: JAN 1 0 1951
DISTRICT HEALTH OFFICE #2
District File Number 1-51-139
Date Filed: JAN 2 4 1951

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 Harold C. Kirk

Licensed Embalmer No. 4597

P. O. Address Bowling Green, O

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.