

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAR 13 1951

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

S. No. 300  
Ev. 10.48

0742

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

BIRTH NO. _____		REG. DIST. NO. <u>251</u>		PRIMARY REG. DIST. NO. <u>3048</u>		Registrar's No. <u>557</u>	
1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>			
b. CITY OR TOWN <u>Maryville</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Maryville</u>		0742	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sons Home</u>				d. STREET ADDRESS (If rural, give location) <u>S. Fillmore</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Carolyn</u>		b. (Middle) <u>b.</u>		c. (Last) <u>Smith</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2-28-1951</u>	
5. SEX <u>Female</u>		6. COLOR OF RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>7-17-1875</u>	
9. AGE (In years last birthday) <u>75</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ 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>own home</u>		11. BIRTHPLACE (State or foreign country) <u>Mound City - Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henri Fuhrman</u>		13b. MOTHER'S MAIDEN NAME <u>Leona Burger</u>		14. NAME OF HUSBAND OR WIFE <u>John W. Smith</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, state unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>R. Q. Smith - Maryville - Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Stomach</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Congestive ht. failure</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>6 mo.</u>  <u>151X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (m.)		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>June 1945</u> to <u>Feb 27, 1951</u> , that I last saw the deceased alive on <u>Feb 27, 1951</u> , and that death occurred at <u>9:00 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R. Q. Smith MD.</u> (Degree or title)				23b. ADDRESS <u>Maryville Mo</u>		23c. DATE SIGNED <u>Feb 28 1951</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-2-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope - Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Mound City - Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-3-51</u>		REGISTRAR'S SIGNATURE <u>N. Bess Holt</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>M. C. Johnson, Maryville, Mo.</u>			

NS.



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

*G. M. Atkinson*

Licensed Embalmer No. 2279

P. O. Address *Paragville, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.