

FILED MAR 6 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7153
State File No.

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Blackburn	
c. LENGTH OF STAY (in this place) 7 days		d. STREET ADDRESS (If rural, give location) Streets not numbered	
d. FULL NAME OF HOSPITAL OR INSTITUTION Fitzgibbon hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Mayme	b. (Middle) Smith	c. (Last) James	4. DATE OF DEATH (Month) (Day) (Year) Feb. 24th, 1951.
-------------------------------------	-------------------------	--------------------------	------------------------	---

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 22, 1875	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months 4	IF UNDER 1 YEAR Days 2	IF UNDER 1 YEAR Hours 	IF UNDER 1 YEAR Min.
----------------------	-------------------------------	---	---------------------------------------	---	---------------------------------	-------------------------------	-------------------------------	------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife	10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (State or foreign country) Saline County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	---	--	--

13a. FATHER'S NAME Thomas Austin Smith	13b. MOTHER'S MAIDEN NAME Elizabeth Francisco	14. NAME OF HUSBAND OR WIFE -----
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME Mrs M.S. Rea, Sweet Springs, Mo.	ADDRESS Sweet Springs, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 153 X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cachexia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) Carcinoma of sigmoid rise to the above cause (a) stating the underlying cause last. DUE TO (c) metastases		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Cancer of lower sigmoid & many scattered metastases	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	---	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., home, farm, factory, street, office, 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 1/18 1950, to 2-24, 1951, that I last saw the deceased alive on 2-24 1951, and that death occurred at 2:10 P. m., from the causes and on the date stated above.

23a. SIGNATURE A. F. Cohen (Degree or title) M.D.	23b. ADDRESS Marshall, Mo.	23c. DATE SIGNED 2-26-51
---	-----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 27, 1951	24c. NAME OF CEMETERY OR CREMATORY Ridge Park cemetery	24d. LOCATION (City, town, or county) (State) Marshall, Missouri
---	--------------------------------	---	---

DATE REC'D BY LOCAL REG. Feb 26-1951	REGISTRAR'S SIGNATURE Budney T Gray	25. FUNERAL DIRECTOR'S SIGNATURE CAMPBELL-LEWIS-MARSHALL-MO.	ADDRESS
---	--	---	-----------------

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 3-5-51

DISTRICT HEALTH OFFICE No. 3

District File Number -----

Date Filed 3-5-51

OCT 25 1951

OCT 11 1952

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.....
Student Embalmer

Signed *R.W. Campbell Jr.*

Licensed Embalmer No. *3469*

P. O. Address *Marshall, W.*

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.