

FILED MAY 7 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12200

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY <b>Howell</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Howell</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>West Plains</b>	c. LENGTH OF STAY (In this place) <b>23 yrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>West Plains, Mo.</b> <i>0461</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>residence</b>		d. STREET ADDRESS (If rural, give location) <b>407 West First Street</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>CATHERINE</b>	b. (Middle) <b>LOUVINA</b>	c. (Last) <b>SMITH</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Apr. 22, 1951</b>
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5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>Mar. 27, 1866</b>	9. AGE (In years last birthday) <b>85</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Storekeeper</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>retired</b>	11. BIRTHPLACE (State or foreign country) <b>Andrew County, Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Nelson Graves</b>	13b. MOTHER'S MAIDEN NAME <b>Marry Ann Turpin</b>	14. NAME OF HUSBAND OR WIFE <b>John Martin Smith</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Marguerite Baker, W. Plains, Mo.</b>	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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Cholelithiasis</b>		INTERVAL BETWEEN ONSET AND DEATH
	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. <b>Cardio-Renal-vascular Disease</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>584X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Feb. 23, 1951**, to **April 22, 1951**, that I last saw the deceased alive on **April 20, 1951**, and that death occurred at **9:45 a.m.**, from the causes and on the date stated above.

23. SIGNATURE (Degree or title) <b>Dr. Richard A. Smith M.D.</b>	23b. ADDRESS <b>West Plains, Mo.</b>	23c. DATE SIGNED <b>4/23/51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>Apr. 24, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Lawn Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>West Plains, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>4-25-51</b>	REGISTRAR'S SIGNATURE <b>Beatrice Cook</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Hal Thourburgh</b>	ADDRESS <b>W. Plains, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

461

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

RECEIVED APR 30 1951

Dist. File 431-933

Date Filed 4-30-51

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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

*Hal Thourbeugh*

Licensed Embalmer No.

3408

P. O. Address

*Hal Thourbeugh*

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.