

FILED MAY 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12914

State File No. _____ Registrar's No. 157

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Independence, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Butler</u> <u>0071</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Independence Sanitarium</u>		d. STREET ADDRESS (If rural, give location) <u>808 W. Ohio</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARTHA</u> b. (Middle) <u>ESTELLA</u> c. (Last) <u>Smith</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 24, 1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb 14, 1897</u>
9. AGE (In years last birthday) <u>54</u> Months <u>2</u> Days <u>10</u>		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Housewife</u>	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Leona Wix</u>	13b. MOTHER'S MAIDEN NAME <u>Rachel Emma Hall</u>	14. NAME OF HUSBAND OR WIFE <u>Howard W. Smith</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>Unkown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ronald C. Smith - Equatah, Okla</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, asthma, etc. It means the disease, injury, or complication which caused death.

19. MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia - glomerular nephritis -</u>	INTERVAL BETWEEN ONSET AND DEATH <u>12 das -</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hepato-renal syndrome -</u>	<u>12 das</u>
DUE TO (c) <u>Cholelithiasis + obstructive jaundice</u>	<u>3 yrs -</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Vitamin B12 in common diet for 3 yrs following cholecystectomy -</u>	<u>3 yrs -</u>

19a. DATE OF OPERATION <u>4/24/51</u>	19b. MAJOR FINDINGS OF OPERATION <u>Biliary cirrhosis - cholelithiasis - partial obstruction of common duct.</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>585 X</u>
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 4/19/51, 1951, to 4/24/51, 1951, that I last saw the deceased alive on 4/24/51, 1951, and that death occurred at 2 P.M. m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. G. ... M.D.</u>	(Degree or title)	23b. ADDRESS <u>Independence Mo</u>	23c. DATE SIGNED <u>4-24-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>April 25, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lat Hill Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Butler, Mo</u>
DATE REC'D BY LOCAL REG. <u>Apr. 24-1951</u>	REGISTRAR'S SIGNATURE <u>James H. ...</u>	35 <u>35</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilson L. ...</u>

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

485
0

MAY 4 1920

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 *Dillon L. Kelly*.....

Licensed Embalmer No. *4225*.....

P. O. Address *Independence*.....

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.