

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

15445

State File No. _____

FILED APR 30 1951

BIRTH NO. _____ REG. DIST. NO. 375 PRIMARY REG. DIST. NO. 6278 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <u>Wright</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Wright</u> XXXXXX	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Brush Creek</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Brush Creek</u> <u>1140</u> <u>Wrightville</u>	
c. LENGTH OF STAY (in this place) <u>9 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>8 Mi North East Hartville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) <u>Reba</u>	a. (First)	b. (Middle)	c. (Last) <u>Smith</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>4 14 1951</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>7-10-1925</u>	9. AGE (In years last birthday) <u>25</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>4</u>	IF UNDER 2 HRS. Hours <u></u> Min. <u></u>
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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	11. BIRTHPLACE (State or foreign country) <u>Texas County, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>
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13a. FATHER'S NAME <u>Jessie Taber</u>	13b. MOTHER'S MAIDEN NAME <u>Ida Smelser</u>	14. NAME OF HUSBAND OR WIFE <u>Cecil Smith</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Cecil Smith</u>	ADDRESS <u>Hartville, Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <input checked="" type="checkbox"/>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tuberculosis of the respiratory System</u>		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>002X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (m.)	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:00P m., from the causes and on the date stated above.

23a. SIGNATURE <u>No doctor available</u> (Degree or title) <u>E. B. Garner, Local Registrar</u>	23b. ADDRESS <u>Hartville, Mo.</u>	23c. DATE SIGNED <u>4/23/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-16-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Coon Creek Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Wright County Mo.</u>
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DATE REC'D BY LOCAL REG. <u>4/23/1951</u>	REGISTRAR'S SIGNATURE <u>E. B. Garner</u> <u>346</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Gene E. Holden</u>	ADDRESS <u>Hartville, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED APR 28 1951
WRIGHT CO. HEALTH DEPT.
County File Number 421-46
Date Filed 4-28-51

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

Gene E. Holdren

Licensed Embalmer No. *3865*

P. O. Address *Hartsville, Mo*

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.