

FILED JUN 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19777
Registrar's No. 42

BIRTH NO. 6-11-51 REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 4153

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

1. PLACE OF DEATH a. COUNTY Dade		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Dade Co	
b. CITY (If outside corporate limits, write RURAL and give town) Lockwood Mo		c. CITY (If outside corporate limits, write RURAL and give township) Lockwood Mo	
c. LENGTH OF STAY (In this place) 65yr		d. STREET ADDRESS (If rural, give location) 0290	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Wyman c. (Last) Smith			4. DATE OF DEATH (Month) (Day) (Year) June 8 1951		
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH 1-21-1865		9. AGE (In years last birthday) 86		10. F UNDER 1 YEAR 4 11. F UNDER 10 HRS. 17	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			10b. KIND OF BUSINESS OR INDUSTRY house wife		11. BIRTHPLACE (State or foreign country) Louisiana Mo
12. CITIZEN OF WHAT COUNTRY? Usa					

13a. FATHER'S NAME Wm. Haws		13b. MOTHER'S MAIDEN NAME Susan Offut		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Dewey Smith ADDRESS Lockwood Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion			INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused 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. Senility					

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) (Min)		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 **2-10-1950**, to **6-1-1951**, that I last saw the deceased alive on **6-1-1951**, and that death occurred at **4:00a m.**, from the causes and on the date stated above.

23a. SIGNATURE D. D. Combs M.D. (Deceased or title)		23b. ADDRESS Lockwood Mo		23c. DATE SIGNED 6-11-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-10-51		24c. NAME OF CEMETERY OR CREMATORY Pipenger	
				24d. LOCATION (City, town, or county) (State) Dade Co Mo.	

DATE REC'D BY LOCAL REG. 6-11-51		REGISTRAR'S SIGNATURE Geo. L. Weir		25. FUNERAL DIRECTOR'S SIGNATURE H. R. Allison ADDRESS Greenfield Mo.	
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DIVISION OF HEALTH OF MD.
District No. 5 - Springfield

RECEIVED JUN 18 1951

Dist. File 651-1350
Date Filed 6-18-51

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed W.R. Allison

Licensed Embalmer No. 4404

P. O. Address Springfield 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.