

FILED JUL 17 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22021

BIRTH NO. _____		REG. DIST. NO. <u>30</u>		PRIMARY REG. DIST. NO. <u>4038</u>		Registrar's No. <u>33</u>			
1. PLACE OF DEATH a. COUNTY <u>Benton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Pettis</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WARSAW</u>		c. LENGTH OF STAY (In this place) <u>2 1/2 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SEDALIA</u>		<u>1804</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LAKESIDE Rest Home</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>					
3. NAME OF DECEASED a. (First) <u>FANNIE</u> b. (Middle) <u>HARMON</u> c. (Last) <u>SMITH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 11, 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 29, 1864</u>		9. AGE (In years last birthday) <u>87</u>	10. MONTHS <u>4</u>	11. DAYS <u>12</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Silas Miller</u>		13b. MOTHER'S MAIDEN NAME <u>Amelia Drake</u>		14. NAME OF HUSBAND OR WIFE _____					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Essie Wentzleman</u> ADDRESS <u>Jefferson City, Mo</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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility</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. <u>Arteriosclerosis generalised. Cerebral hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH <u>unk. 2 years</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		352X		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) _____		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 <u>21 Sept, 1949</u> , to <u>11 July, 1951</u> , that I last saw the deceased alive on <u>9 July, 1951</u> , and that death occurred at <u>11 P. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>David N. Glenn</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Warsaw Mo</u>		23c. DATE SIGNED <u>12 July 51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 13, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Sedalia Pettis Mo</u>				
DATE REC'D BY LOCAL REG. <u>July 13, 1951</u>		REGISTRAR'S SIGNATURE <u>Geo. A. Logan</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John J. Riser</u>		ADDRESS <u>Warsaw</u>			

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

RECEIVED 7-16-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 7-16-51 \_\_\_\_\_

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 *John F. Reser* \_\_\_\_\_

Licensed Embalmer No. *4098* \_\_\_\_\_

P. O. Address *Warsaw.* \_\_\_\_\_

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.