

FILED SEP 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26098**

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>13</u> | | PRIMARY REG. DIST. NO. <u>5062</u> | | Registrar's No. <u>46</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Barry</u> b. CITY OR TOWN <u>Purdy Township</u> c. LENGTH OF STAY (in this place) <u>2 years</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u> c. CITY OR TOWN <u>Purdy Township</u> d. STREET ADDRESS (If rural, give location) <u>Purdy, Missouri</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Myrtle</u> b. (Middle) <u>D.</u> c. (Last) <u>Smith</u> | | 4. DATE OF DEATH (Month) <u>Aug</u> (Day) <u>14</u> (Year) <u>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>Sept 12 1885</u> | | 9. AGE (In years last birthday) <u>66</u> | | 10. F UNDER 1 YEAR <u>11</u> Days | |
| 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>House wife</u> | | 11. BIRTHPLACE (State or foreign country) <u>Purdy, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>John W. Willis</u> | | 13b. MOTHER'S MAIDEN NAME <u>Laura Morlan</u> | | 14. NAME OF HUSBAND OR WIFE <u>James Smith (Deceased)</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>no</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Sigle Bowman Purdy, 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</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. | | | | INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u> | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | 20. AUTOPSY? <u>4201</u> 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 <u>9-25, 1948</u> to <u>8-14, 1951</u> , that I last saw the deceased alive on <u>7-30, 1951</u> , and that death occurred at <u>8 p. m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>J. D. Baldwin D.O.</u> | | 23b. ADDRESS <u>Purdy Mo.</u> | | 23c. DATE SIGNED <u>8-18-51</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Aug 17 1951</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Arnhart Cemetery</u> | | | |
| 24d. LOCATION (City, town, or county) (State) <u>North East Purdy, Mo.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Bennett & Wormington</u> ADDRESS <u>Monett, Mo</u> | | | | | |
| DATE REC'D BY LOCAL REG. <u>8-18-51</u> | | REGISTRAR'S SIGNATURE <u>W. M. West</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Bennett & Wormington</u> ADDRESS <u>Monett, Mo</u> | | | |

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

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

RECEIVED AUG 30 1951

Dist. File 937-1617

Date Filed 9-6-51

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.

Signed.....
Student Embalmer

Signed

Student Embalmer No.....

Licensed Embalmer No. 4213

P. O. Address Monett, 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.