

FILED SEP 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27490

BIRTH NO. _____ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4258 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY Knox		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lewis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Keina		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN La Belle,	
c. LENGTH OF STAY (In this place) 1 Month		d. STREET ADDRESS (If rural, give location) 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Gibson Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Ann c. (Last) Smith			4. DATE OF DEATH (Month) (Day) (Year) Sept. 2, 1951
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 12, 1857
9. AGE (In years last birthday) 93 Months 10 Days 20		IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) La Belle, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME William Spidle		13b. MOTHER'S MAIDEN NAME Elizabeth McKenzie	14. NAME OF HUSBAND OR WIFE Sidney Smith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Thelma Bailey, LaBelle, Missouri
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) Septicemia pneumonia Broken hip. 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	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)	
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?	
22. I hereby certify that I attended the deceased from <u>Aug 15</u> , 1951, to <u>Sept 2</u> , 1951, that I last saw the deceased <u>live on Sept 2</u> , 1951, and that death occurred at <u>4:35 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) R. W. Bailey, D.O.		23b. ADDRESS La Belle, Mo	23c. DATE SIGNED 9-2-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9/4/51	24c. NAME OF CEMETERY OR CREMATORY La Belle Cemetery	24d. LOCATION (City, town, or county) (State) La Belle, Missouri
DATE REC'D BY LOCAL REG. Sept-4-1951	REGISTRAR'S SIGNATURE Neil S. Dunst	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Al Cooper Jr, LaBelle, Mo.	

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

Date Received: **SEP 8 1951**
DISTRICT HEALTH OFFICE #2
District File Number *9-51-1592*
Date Filed: **SEP 8 1951**

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 *myself*
..... Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed

J. L. Lader Jr.

Licensed Embalmer No. *4328*

P. O. Address *Stell, Md.*

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.