

FILED SEP 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30763**

BIRTH NO. _____ REG. DIST. NO. **385** PRIMARY REG. DIST. NO. **3039** Registrar's No. **441**

0581

1. PLACE OF DEATH a. COUNTY Linn		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Linn	
b. CITY (If outside corporate limits, write RURAL and give town) Marceline		c. CITY (If outside corporate limits, write RURAL and give township) Marceline	
c. LENGTH OF STAY (in this place) 25 yrs		d. STREET ADDRESS (If rural, give location) West Howe	
d. FULL NAME OF HOSPITAL OR INSTITUTION None			

3. NAME OF DECEASED (Type or Print) a. (First) Eva b. (Middle) Catherine c. (Last) Smith			4. DATE OF DEATH (Month) (Day) (Year) Sept 4, 1951		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH April 24, 1907		9. AGE (In years last birthday) 44		IF UNDER 1 YEAR Months 4 Days 10	
IF UNDER 11 HRS. 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 Home	
11. BIRTHPLACE (State or foreign country) Rushville, Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A		

13a. FATHER'S NAME H.J. McCulley		13b. MOTHER'S MAIDEN NAME Anna Adkinson		14. NAME OF HUSBAND OR WIFE E.E. Smith	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY (If you give war or dates of service) None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Delmar Smith, Marceline, Mo	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Severe Cerebral Hemorrhage				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension					
		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"/>	
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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) (Min.)		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 **1949 to 9-4, 1951**, that I last saw the deceased alive on **9-1, 1951**, and that death occurred at **11:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert W. Smith M.D.		23b. ADDRESS Marceline, Mo		23c. DATE SIGNED 9-5-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/6/51		24c. NAME OF CEMETERY OR CREMATORY Roselawn		24d. LOCATION (City, town, or county) (State) Marceline, Missouri	
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DATE REC'D BY LOCAL REG. Sept 5, 1951		REGISTRAR'S SIGNATURE Mary Jane Owens		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Law McLaughlin Marceline, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: SEP 15 1961
DISTRICT HEALTH OFFICE #2
District File Number 9-51-16
Date Filed: SEP 17 1961

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 George W. Durdall

Licensed Embalmer No. 4799

P. O. Address Marceline, 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.