

FILED NOV 1 1951

STANDARD CERTIFICATE OF DEATH

State File No. 32799 Registrar's No. 297

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Caldwell</u> <u>1140</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>503 Vine St.</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	

3. NAME OF DECEASED (Type or Print)
 a. (First) Narcisus b. (Middle) Susan c. (Last) Smart
 4. DATE OF DEATH (Month) (Day) (Year)
Oct. 19, 1951

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
 8. DATE OF BIRTH Nov. 9, 1866 9. AGE (In years last birthday) 84 IF UNDER 1 YEAR Months 11 Days 10 IF UNDER 24 HRS. Hours 11 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper
 10b. KIND OF BUSINESS OR INDUSTRY None
 11. BIRTHPLACE (State or foreign country) Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William W. Bartley 13b. MOTHER'S MAIDEN NAME Susan Mosley 14. NAME OF HUSBAND OR WIFE JOSEPH SMART

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Walter Branstetter, Fulton, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) chr. myocarditis
 ANTECEDENT CAUSES arteriosclerosis
 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 NO

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) 42201

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from July 6, 1948, to 10/19, 1951, that I last saw the deceased alive on 10/19, 1951, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Henry D. Smart, M.D. 23b. ADDRESS Fulton, Mo. 23c. DATE SIGNED 10/26/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 10/21/1951 24c. NAME OF CEMETERY OR CREMATORY Mount Tabor 24d. LOCATION (City, town, or county) (State) Callaway County, Mo.

DATE REC'D BY LOCAL REG. Oct. 27, 1951 REGISTRAR'S SIGNATURE Maretta Lawrence 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Maupin Funeral Home, Fulton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED
OCT 27 1951
DISTRICT HEALTH OFFICE No. 4
File No.

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 Walter J. Haine, Jr.

Licensed Embalmer No. 4587

P. O. Address Fulton, 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.