

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34284

State File No.

DECEASED (Date of Death) **1951**

BIRTH NO. REG. DIST. NO. **385** PRIMARY REG. DIST. NO. **3039** Registrar's No. **446**

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 township) Marceline	c. LENGTH OF STAY (in this place) 7 years	c. CITY (If outside corporate limits, write RURAL and give township) Marceline 1581	
d. FULL NAME OF HOSPITAL OR INSTITUTION None		d. STREET ADDRESS (If rural, give location) 113 West Chicago 0	

3. NAME OF DECEASED (Type or Print) a. (First) Iva b. (Middle) Ellen c. (Last) Smith	4. DATE OF DEATH (Month) (Day) (Year) Oct. 22, 1951
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 24, 1891	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR 9 Months 28 Days	IF UNDER 4 HRS. 0 Hours 0 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY Housework	11. BIRTHPLACE (State or foreign country) Linn County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Jack Haney	13b. MOTHER'S MAIDEN NAME Maranda Hays	14. NAME OF HUSBAND OR WIFE William W. Smith
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Years or unknown) (None war or dates of service) None	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Earl Morton, 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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cocaine Thrombosis ANTECEDENT CAUSES Myocardial infarction Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Hypertensive arteriosclerotic heart dis. DUE TO (b) Hypertensive arteriosclerotic heart dis. DUE TO (c) Heart Dis.		
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Decubital Ulcer			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4200	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) 4200
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 10-22-51	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Mar 1948** to **Oct 22, 1951**, that I last saw the deceased alive on **10-22, 1951**, and that death occurred at **3:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James M. Laughlin M.D.	23b. ADDRESS Marceline, Mo 64651	23c. DATE SIGNED 10-24-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/25/51	24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet	24d. LOCATION (City, town, or county) (State) Marceline, Missouri
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DATE REC'D BY LOCAL REG. 10/25/51	REGISTRAR'S SIGNATURE James M. Laughlin	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS James M. Laughlin, Marceline, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

581

APR 3 1951

OCT 26 1951

Date Received:
DISTRICT HEALTH OFFICE #2

District File Number 10-51-1898

Date Filed: OCT 26 1951

NOV 7 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed George W. Davolt

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.