

# STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED OCT 24 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 324

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

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u> <u>0804</u>	
c. LENGTH OF STAY (in this place) <u>13 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>304 W Pettis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>304 W Pettis</u>			

3. NAME OF DECEASED a. (First) <u>Mary</u> b. (Middle) <u>Lou</u> c. (Last) <u>Smith</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-4-1951</u>		
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5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>11-1903</u>		9. AGE (In years last birthday) <u>47</u> 11 Months <u>11</u> Days <u>11</u> Hours <u>Min.</u>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>maid</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>housework</u>		11. BIRTHPLACE (State or foreign country) <u>Fayette Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
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13a. FATHER'S NAME <u>Wesley Bentley</u>		13b. MOTHER'S MAIDEN NAME <u>Amelia Jackson</u>		14. NAME OF HUSBAND OR WIFE <u>McKinley Smith</u>	
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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. <u>40</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mary Lou Jones</u> ADDRESS <u>Kansas City Mo</u>	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion</u>				INTERVAL BETWEEN ONSET AND DEATH <u>30 minutes</u>	
		ANTECEDENT CAUSES 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 <u>4201</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		21e. INJURY OCCURRED WHILE <input checked="" type="checkbox"/> AT WORK <input type="checkbox"/> NOT WHILE AT WORK		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I signed the deceased from 8-19-51 to 10-4-51, that I last saw the deceased alive on 10-4-51, and that death occurred at 3 P. m., from the causes and on the date stated above.

22a. SIGNATURE <u>J.M. Rodeman M.D. Deputy Coroner</u> (Degree or title) <u>3</u>		22b. ADDRESS <u>Sedalia Missouri</u>		22c. DATE SIGNED <u>10-8-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>10-8-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fayette</u>		24d. LOCATION (City, town, or county) (State) <u>Fayette Howard Mo</u>	
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DATE REC'D BY LOCAL REG. <u>10-8-51</u>		REGISTRAR'S SIGNATURE <u>J. G. Campbell M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>F. D. Ferguson</u> ADDRESS <u>Sedalia Mo</u>	
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RECEIVED OCT 23 1951

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed OCT 23 1951

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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 J. D. Ferguson

Licensed Embalmer No. 2172

P. O. Address Sedalia

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.