

0350

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

BIRTH NO. _____		REG. DIST. NO. <u>109</u>		PRIMARY REG. DIST. NO. <u>5424</u>		Registrar's No. <u>19</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Dunklin</u>		b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural-Union Twp.</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Dunklin</u>	
c. LENGTH OF STAY (In this place) <u>43 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural--Union Township</u>		d. STREET ADDRESS (If rural, give location) <u>Rte. 1</u>		<u>0350</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>							
3. NAME OF DECEASED (Type or Print)		a. (First) <u>SUSAN</u>		b. (Middle) <u>K.</u>		c. (Last) <u>SMITH</u>	
4. DATE OF DEATH		(Month) (Day) (Year)		<u>OCT. 28</u>		<u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Feb. 9, 1882</u>		9. AGE (In years last birthday) Months Days <u>69</u> <u>8</u> <u>19</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Joe Albinus Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Alvey</u>		14. NAME OF HUSBAND OR WIFE <u>--</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>C. A. Smith Campbell, Mo. R.1</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Terminal Hypostatic Broncho-pneumonia</u>		ANTECEDENT CAUSES				<u>?</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fracture of left femur</u>				<u>18 days</u>	
		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 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)		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>10/20</u> , 19 <u>51</u> , to _____, 19____, that I last saw the deceased alive on <u>10/20</u> , 19 <u>51</u> , and that death occurred at <u>11:25 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Wallace A. Selvey M.D.</u>				23b. ADDRESS <u>Campbell, Mo.</u>		23c. DATE SIGNED <u>11/9/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 31, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Glennonville Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Glennonville, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>11/9/1951</u>		REGISTRAR'S SIGNATURE <u>Mrs. I. Deulah Campbell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Landess Funeral Home</u>		ADDRESS <u>Campbell, MO</u>	

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 11-13-51

COUNTY FILE NUMBER 1151-309

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

Christina M. Landess

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.