

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37000

State File No.

396
1

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

DEC 10 1951

| | | | | | | | | |
|---|--|--|--|---|--|--|--|-------------------------------------|
| BIRTH NO. _____ | | REG. DIST. NO. <u>128</u> | | PRIMARY REG. DIST. NO. <u>200</u> | | Registrar's No. <u>1028</u> | | |
| 1. PLACE OF DEATH a. COUNTY <u>Greene</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u> | | c. LENGTH OF STAY (In this place) <u>8 yrs</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u> | | d. STREET ADDRESS (If rural, give location) <u>1033 East Monroe</u> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1033 East Monroe</u> | | | | d. STREET ADDRESS (If rural, give location) <u>1033 East Monroe</u> | | | | |
| 3. NAME OF DECEASED (Type or Print) <u>GENEVIEVE SMITH</u> | | | a. (First) _____ b. (Middle) _____ c. (Last) _____ | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>December 1, 1951</u> | | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>W</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>Never married</u> | | 8. DATE OF BIRTH <u>2/23 1898</u> | | |
| 9. AGE (In years last birthday) <u>53</u> | | F UNDER 1 YEAR Months _____ Days _____ | | F UNDER 10 HRS. Hours _____ Min. _____ | | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teacher</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Teaching</u> | | 11. BIRTHPLACE (State or foreign country) <u>Near Smithton Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>F. H. Smith</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Alfretta (?)</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Single</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>Unknown</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Gladys M. Smith 1033 E. Monroe</u> | | | | |
| 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, asthma, 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) <u>Cerebral Artery Rupture</u> | | | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) _____ | | | | <u>2 days</u> <u>6 years</u> |
| 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>331X</u> | | | | | | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>Jan 1, 1947</u> , to <u>Jan 1, 1951</u> , that I last saw the deceased alive on <u>12-1, 1951</u> , and that death occurred at <u>2:45 a.m.</u> , from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Gene W. Fathing, M.D.</u> | | | | 23b. ADDRESS <u>Springfield, Mo.</u> | | 23c. DATE SIGNED <u>12-1-51</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u> | | 24b. DATE <u>Dec 2, 1951</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>UNKNOWN</u> | | 24d. LOCATION (City, town, or county) (State) <u>Smithton, Missouri</u> | | |
| DATE REC'D BY LOCAL REG. <u>12-5-51</u> | | REGISTRAR'S SIGNATURE <u>Sally Williamson Deputy Registrar</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Alma Schmeyer, Springfield, Mo.</u> | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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 Bernard F. Wright

Licensed Embalmer No. 42903

P. O. Address Springfield

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.