

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38575

State File No.

FILED DEC 7 1951

BIRTH NO. _____ REG. DIST. NO. 314 PRIMARY REG. DIST. NO. 4459 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY St Clair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, write RURAL and give town) Osceola		c. CITY (If outside corporate limits, write RURAL and give township) Butler Mo. #4	
c. LENGTH OF STAY (In this place) 2 Weeks		d. STREET ADDRESS (If rural, give location) RFD #4	
d. FULL NAME OF HOSPITAL OR INSTITUTION Osceola Missouri			

3. NAME OF DECEASED a. (First) Leora b. (Middle) Faye c. (Last) Smith			4. DATE OF DEATH (Month) (Day) (Year) Nov. 22 1951		
5. SEX Female		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH August 9-1916		9. AGE (In years last birthday) 35		10. IF UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Osceola Mo.	
12. CITIZEN OF WHAT COUNTRY? us					

13a. FATHER'S NAME Wes Zeller		13b. MOTHER'S MAIDEN NAME MABLE CARLWARD		14. NAME OF HUSBAND OR WIFE Robert R Smith	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Robert R Smith-Butler Mo. Rt 4	
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			

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) intestinal obstruction		INTERVAL BETWEEN ONSET AND DEATH 2 days	
ANTECEDENT CAUSES DUE TO (b) with peritonitis			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) followed abdominal surgery - had a colostomy opening			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION Aug. Sept - Oct - 51		19b. MAJOR FINDINGS OF OPERATION unknown to me		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 11-14 ¹⁹⁵¹ to 11-22, 1951, that I last saw the deceased alive on 11-22, 1951, and that death occurred at 5:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ruth Seavers M.D.		23b. ADDRESS Osceola Mo		23c. DATE SIGNED 11-24-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/25/51		24c. NAME OF CEMETERY OR CREMATORY Oakhill Semetery	
24d. LOCATION (City, town, or county) (State) Butler Missouri		25. FUNERAL DIRECTOR'S SIGNATURE John H Underwood ADDRESS Butler Mo			
DATE REC'D BY LOCAL REG. 11-24-51		REGISTRAR'S SIGNATURE Ruth Seavers			

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

RECEIVED DEC 6 1951

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed DEC 6 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

John G. Underwood

Licensed Embalmer No. 3585

P. O. Address Butler 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.