

FILED JAN 14 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

322

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 - PRIMARY REG. DIST. NO. 1000 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY Buchanan <u>0117</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph <u>0117</u>	
c. LENGTH OF STAY (in this place) <u>8</u> days		d. STREET ADDRESS (If rural, give location) 622 N. 12th St. <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Jessie	b. (Middle) Ann	c. (Last) Smith	4. DATE OF DEATH (Month) (Day) (Year) January 7, 1952
-------------------------------------	-------------------	-----------------	-----------------	---

5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH April 18, 1882	9. AGE (In years last birthday) 69 ³ / ₄	IF UNDER 1 YEAR Months	IF UNDER 6 HRS. Days	Hours	Min.
---------------	------------------------	--	---------------------------------	--	------------------------	----------------------	-------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) seamstress	10b. KIND OF BUSINESS OR INDUSTRY clothing store	11. BIRTHPLACE (State or foreign country) Bedison, Missouri <u>8</u>	12. CITIZEN OF WHAT COUNTRY? USA
--	--	--	----------------------------------

13a. FATHER'S NAME Wm. A. Chapman	13b. MOTHER'S MAIDEN NAME Armilda Thorp	14. NAME OF HUSBAND OR WIFE Orla B. Smith
-----------------------------------	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. unk.	17. INFORMANT'S SIGNATURE OR NAME R.R.#6 ADDRESS Mrs. Geraldine Gerhart, St. Joseph, Mo.
---	------------------------------	--

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>Carcinoma of Recto-sigmoid</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Cervix uteri</u>		1944
DUE TO (c) <u>Submyone embolus?</u>			1-7-52
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1st stage abdominal-perineal resection</u>			

19a. DATE OF OPERATION 1-5-52	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of recto-sigmoid also involving uteri</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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>171X</u>
--	--	--

22. I hereby certify that I attended the deceased from 4-5 1944 to 1-7, 1952, that I last saw the deceased alive on 1-6, 1952, and that death occurred at 3:15a m., from the causes and on the date stated above.

23a. SIGNATURE <u>S.P. Leman M.D.</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>St. Joseph Mo.</u>	23c. DATE SIGNED <u>1-7-52</u>
---------------------------------------	-------------------------------	------------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/9/1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Savannah Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Savannah, Missouri</u>
---	---------------------------	---	---

DATE REC'D BY LOCAL REG. <u>Jan 11, 1952</u>	REGISTRAR'S SIGNATURE <u>Carl C. Casper</u>	496	25. FUNERAL DIRECTOR'S SIGNATURE <u>Heaton Bowman</u>	ADDRESS <u>Funeral Home St. Joseph, Mo.</u>
--	---	-----	---	---

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

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 *William Spading*.....

Licensed Embalmer No. *4535*.....

P. O. Address *319 S. 11th St. St. Joseph, 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.