

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

651

State File No.

Registrar's No.

FILED JAN 16 1952

BIRTH NO. REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 5300

1. PLACE OF DEATH a. COUNTY <u>Clinton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>	
b. CITY OR TOWN <u>Rural Platte Twp.</u>		c. CITY OR TOWN <u>Rural Platte Twp.</u> <u>0250</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Viola</u>	b. (Middle) <u>LEONA</u>	c. (Last) <u>SMITH</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 9 1952</u>
--	-------------------------	--------------------------	------------------------	---

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Feb 24 1873</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.
		<u>Widowed</u>		<u>78</u>	Months <u>10</u> Days <u>15</u>	Hours <u></u> Min. <u></u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
<u>Homekeeper</u>	<u>X</u>	<u>Tennessee</u>	<u>U.S.A.</u>

13a. FATHER'S NAME <u>Mike McGuire</u>	13b. MOTHER'S MAIDEN NAME <u>MARY CROUCH</u>	14. NAME OF HUSBAND OR WIFE <u>Wm. Smith</u>
--	--	--

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>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Katherine Burr Osborn, Mo.</u>	ADDRESS
<u>NO</u>	<u>X</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u> <u>5 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</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 checked="" type="checkbox"/>
		<u>4201</u>

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) (Min.)	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 None to None, that I last saw the deceased alive on Nov 19, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. Osborn, M.D.</u> (Degree or title)	23b. ADDRESS <u>Plattsburg, Mo.</u>	23c. DATE SIGNED <u>Jan 15 52</u>
---	-------------------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>1-11-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Evergreen</u>	24d. LOCATION (City, town, or county) (State) <u>Osborn Mo.</u>
---	----------------------------	---	---

DATE REC'D BY LOCAL REG. <u>1-12-52</u>	REGISTRAR'S SIGNATURE <u>Winifred W. Moser</u>	390-2	25. FEDERAL DIRECTOR'S SIGNATURE <u>D. D. Lyon</u>	ADDRESS <u>Plattsburg, 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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed..... *Daniel W. Lyon*.....

Licensed Embalmer No. *3640*.....

P. O. Address *Plattsburg, Md.*.....

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.