

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2253

JAN 16 1952

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 3

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|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY PETTIS COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY MONITEAU | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SEDALIA, MO. | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL, CALIFORNIA 0680 | |
| c. LENGTH OF STAY (in this place) 5 WEEKS | | d. STREET ADDRESS (If rural, give location) 1 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION BOTHWELL HOSPITAL | | | |

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|-------------------------------------|-------------------------|---------------------------|------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) ALICE | b. (Middle) ANDREW | c. (Last) SMITH | 4. DATE OF DEATH (Month) (Day) (Year) JAN. 5, 1952 |
|-------------------------------------|-------------------------|---------------------------|------------------------|---|

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|----------------------|-------------------------------|---|---------------------------------------|---|-----------------------------|----------------------------|
| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH DEC. 28, 1873 | 9. AGE (In years last birthday) 78 | IF UNDER 1 YEAR Months Days | IF UNDER 6 MOS. Hours Min. |
|----------------------|-------------------------------|---|---------------------------------------|---|-----------------------------|----------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE | 11. BIRTHPLACE (State or foreign country) MONITEAU COUNTY ✓ | 12. CITIZENSHIP OF WHAT COUNTRY U.S.A. |
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| 13a. FATHER'S NAME ANDREW KENNEY | 13b. MOTHER'S MAIDEN NAME MARGRET HILL | 14. NAME OF HUSBAND OR WIFE ALBERT SMITH |
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|--|-------------------------|--|---------|
| 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. | 17. INFORMANT'S SIGNATURE OR NAME OTTO SMITH, CALIFORNIA, MO. | ADDRESS |
|--|-------------------------|--|---------|

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| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 1 Month |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fracture left hip DUE TO (c) Senile dementia | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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|------------------------|----------------------------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at home | 21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Sedalia Pettis MO |
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| | | |
|--|---|---|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov 28, 1951, 11:30 | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? Fell on floor |
|--|---|---|

22. I hereby certify that I attended the deceased from **12 Nov, 1951**, to **5 Jan, 1952**, that I last saw the deceased alive on **4 Jan, 1952**, and that death occurred at **2:00 P.M.**, from the causes and on the date stated above.

| | | |
|---|---|--------------------------------|
| 23a. SIGNATURE (Degree or title) Chas. W. Dierker M.D. | 23b. ADDRESS 1216 West 18th St. Kansas | 23c. DATE SIGNED 1/7/52 |
|---|---|--------------------------------|

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|---|-------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 24b. DATE 1/7/52 | 24c. NAME OF CEMETERY OR CREMATORY CITY CEMETRY | 24d. LOCATION (City, town, or county) (State) CALIFORNIA, MONITEAU, MO. |
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| DATE REC'D BY LOCAL REG. 1-7-1952 | REGISTRAR'S SIGNATURE [Signature] | 25. FUNERAL DIRECTOR'S SIGNATURE WILLIAMS FUNERAL HOME, CALIFORNIA, MO | ADDRESS |
|--|--|---|---------|

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

304

RECEIVED JAN 15 1952

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed JAN 15 1952

SEP 9 1952

NOV 14 1952

DEC 8 1952

VS SEP 1 1959

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.....

Hugh C. Williams

Signed.....

Student Embalmer

Licensed Embalmer No. *3537*

P. O. Address *California, W*

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.