

STANDARD CERTIFICATE OF DEATH

State File No. 4671

MAR 3 1952

BIRTH NO.

REG. DIST. NO.

128

PRIMARY REG. DIST. NO.

2000

Registrar's No.

198

1. PLACE OF DEATH

a. COUNTY

GREENE

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN
Springfieldc. LENGTH OF
STAY (in this place)
24 days

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE

Missouri

b. COUNTY

Webster

c. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN
Marshfield 1120d. STREET
ADDRESS(If rural, give location)
1

3. NAME OF DECEASED

(Type or Print)

a. (First)

Dora

b. (Middle)

Lucinda

c. (Last)

Smiley

4. DATE OF DEATH

(Month)

Feb.

(Day)

28

(Year)

1952

5. SEX

Female

6. COLOR OR RACE

White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Aug 11 1886

9. AGE (In years last birthday)

65

IF UNDER 1 YEAR

Months

6

Days

17

IF UNDER 24 HRS.

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

Home

11. BIRTHPLACE (State or foreign country)

Webster County, Missouri

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13a. FATHER'S NAME

Dick Osborn

13b. MOTHER'S MAIDEN NAME

Lou Ragsdale

14. NAME OF HUSBAND OR WIFE

Thomas Franklin Smiley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

no

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME

Earl Smiley - Strafford, Missouri

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

Pulmonary Embolism

INTERVAL BETWEEN ONSET AND DEATH

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

ANTECEDENT CAUSES

Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

Pneumonia

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

2-5-52

19b. MAJOR FINDINGS OF OPERATION

Carcinoma of Uterus.

20. AUTOPSY?

YES ☐NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

(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 ☐NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 4, 1952, to Feb. 28, 1952, that I last saw the deceased alive on Feb. 27, 1952, and that death occurred at 8:20 pm., from the causes and on the date stated above.

23a. SIGNATURE

(Degree or title)

23b. ADDRESS

700 East Sunshine
Springfield, Missouri

23c. DATE SIGNED

2-28-52

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE

3-3-1952

24c. NAME OF CEMETERY OR CREMATORY

FRIENDSHIP

24d. LOCATION (City, town, or county)

WEBSTER CO.

(State)

MO

DATE REC'D BY LOCAL REG.

3/1/52

REGISTRAR'S SIGNATURE

James T. Amos, M.D.

25. FUNERAL DIRECTOR'S SIGNATURE

BARBER-BARTO MARSHFIELD MO

ADDRESS

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

(If 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

R. W. Benham

Licensed Embalmer No. *3848*

P. O. Address *Mt. Grove, 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.