

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5983

State File No. ....

FILED MAR 4 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 4408 Registrar's No. 57

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Pettis</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Smithton</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Smithton Mo</u>   |  |
| c. LENGTH OF STAY (In this place) <u>1 yr</u>  |  | d. STREET ADDRESS (If rural, give location) <u>0710</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Near Washington St</u>                    |  |   |  |

|   |                      |                        |   |
|---|----------------------|------------------------|---|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>CARRIE</u> | b. (Middle) <u>C</u> | c. (Last) <u>SMITH</u> | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Feb 21-1952</u> |
|---|----------------------|------------------------|---|

|                 |                           |   |                                     |   |  |  |
|-----------------|---------------------------|---|-------------------------------------|---|--|--|
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>Apr 23-1870</u> | 9. AGE (In years last birthday) <u>75</u> | 10. IF UNDER 1 YEAR Months <u>10</u> Days <u>8</u> | 11. IF UNDER 1 Wks. Hours <u></u> Min. <u></u> |
|-----------------|---------------------------|---|-------------------------------------|---|--|--|

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

|                                      |  |  |
|--------------------------------------|--|--|
| 13a. FATHER'S NAME <u>W. H. Page</u> | 13b. MOTHER'S MAIDEN NAME <u>Susan Bohon</u> | 14. NAME OF HUSBAND OR WIFE <u>Charles L. Smith Smithton</u> |
|--------------------------------------|--|--|

|   |                         |   |
|---|-------------------------|---|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr Charles L. Smith Smithton</u> |
|---|-------------------------|---|

|   |   |  |                                  |
|---|---|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage.</u>  |  | INTERVAL BETWEEN ONSET AND DEATH |
|   | ANTECEDENT CAUSES<br>Atorbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Atherosclerosis</u> |  |                                  |
|   | DUE TO (c)  |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |   |  |                                  |

|                        |  |  |
|------------------------|--|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>331X</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) | 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 2-21-1952, to 2-21-1952, that I last saw the deceased alive on 2-21-1952, and that death occurred at 3:05 A.M., from the causes and on the date stated above.

|   |                                 |                                 |
|---|---------------------------------|---------------------------------|
| 23a. SIGNATURE <u>P. V. Seegal MD</u> (Degree or title) | 23b. ADDRESS <u>Smithton Mo</u> | 23c. DATE SIGNED <u>2/23/52</u> |
|---|---------------------------------|---------------------------------|

|   |                            |  |  |
|---|----------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Feb 23-52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Smithton</u> | 24d. LOCATION (City, town, or county) (State) <u>Smithton Mo</u> |
|---|----------------------------|--|--|

|   |   |  |
|---|---|--|
| DATE REC'D BY LOCAL REG. <u>2/23/52</u> | REGISTRAR'S SIGNATURE <u>R. G. Campbell</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>A. F. Neuniger Smithton 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

*A. F. Nemeyer*

Licensed Embalmer No. *1239*

P. O. Address *Quinton 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.