

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8138**

**FILED APR 15 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **183** PRIMARY REG. DIST. NO. **3022** Registrar's No. **45**

4114

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

1. PLACE OF DEATH a. COUNTY <b>Harrison</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Dekalb</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Bethany</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Stewartsville</b> <b>0320</b>	
c. LENGTH OF STAY (In this place) <b>3 yr. 6</b>		d. STREET ADDRESS (If rural, give location) <b>Sullivan Rest Home</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) <b>Lottie</b>	b. (Middle) <b>L.</b>	c. (Last) <b>Smith</b>	(Month) <b>3</b> (Day) <b>22</b> (Year) <b>52</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>11/17/1866</b>
9. AGE (In years last birthday) <b>85</b>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>--</b>	11. BIRTHPLACE (State or foreign country) <b>Wausenon Ohio.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>			

13a. FATHER'S NAME <b>Alben Hughes</b>		13b. MOTHER'S MAIDEN NAME <b>Alice Birch</b>		14. NAME OF HUSBAND OR WIFE <b>Geo. Smith</b>	
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 ADDRESS <b>Mrs. Paul Hayter Stewartsville Mo.</b>	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>8 hrs</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <b>332X</b>		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 **Sept**, 19**48**, to **March**, 19**52**, that I last saw the deceased alive on **March 22**, 19**52**, and that death occurred at **11 1/2** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Miriam Carhart</b> (Degree or title)		23b. ADDRESS <b>Bethany Mo.</b>		23c. DATE SIGNED <b>4/7/52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3/24/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Stewartsville</b>	
24d. LOCATION (City, town, or county) (State) <b>Stewartsville Mo.</b>					

DATE REC'D BY LOCAL REG. <b>4/8/52</b>		REGISTRAR'S SIGNATURE <b>Zola Burris</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>W.E. Summerfield Stewartsville Mo.</b>	
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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 *W. E. Summerfield*

Licensed Embalmer No. *3007*

P. O. Address *Stewartsville, 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.