

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19285

State File No. _____

WED JUN 24 1952

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 97

Garnell
0043

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

| | | | |
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| 1. PLACE OF DEATH a. COUNTY <u>AUDRAIN</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>AUDRAIN</u> | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>MEXICO</u> | | c. LENGTH OF STAY (in this place) | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>904 CURTIS</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>MEXICO</u> OR TOWN <u>0</u> | |
| | | d. STREET ADDRESS (If rural, give location) <u>904 CURTIS</u> | |

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|--|--|--|---|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>RUSHIE</u> b. (Middle) <u>L.</u> c. (Last) <u>SMITH</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 19-52</u> | | |
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|----------------------|-------------------------------|---|--------------------------------------|---|------------------------|----------------------|-----------------------|----------------------|
| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u> | 8. DATE OF BIRTH <u>JULY 28-1894</u> | 9. AGE (In years last birthday) <u>77</u> | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 1 YEAR Hours | IF UNDER 1 YEAR Min. |
|----------------------|-------------------------------|---|--------------------------------------|---|------------------------|----------------------|-----------------------|----------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>Lincoln Co, Mo</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |
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| 13a. FATHER'S NAME <u>JOHN CREGGER</u> | 13b. MOTHER'S MAIDEN NAME <u>MARGARET WILLIAMS</u> | 14. NAME OF HUSBAND OR WIFE |
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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) <u>NO</u> | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME <u>LONNIE SMITH</u> ADDRESS <u>MEXICO, MO</u> |
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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs.</u> |
| | ANTECEDENT CAUSES | | |
| | DUE TO (b) <u>Hypertension</u> | | <u>3 or 4 yrs</u> |
| | DUE TO (c) <u>Arteriosclerosis</u> | | <u>3 or 4 yrs</u> |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Edema of the legs</u> | | <u>3 weeks</u> | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>4201</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) |
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| 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? |
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22. I hereby certify that I attended the deceased from 1948, 1948, to June 17, 1952, that I last saw the deceased alive on June 17, 1952, and that death occurred at 8 A.M., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>G. A. Garnell D.O.</u> (Degree or title) | 23b. ADDRESS <u>Mexico Mo</u> | 23c. DATE SIGNED <u>6/18/52</u> |
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|---|--------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>6-19-52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>ELMWOOD Cem</u> | 24d. LOCATION (City, town, or county) (State) <u>MEXICO - MO</u> |
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| DATE REC'D BY LOCAL REG. <u>June 18-52</u> | REGISTRAR'S SIGNATURE <u>Blanche Neely</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas Arnold Jr</u> ADDRESS <u>Mexico Mo</u> |
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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

Charles V. Granning

Signed.....
Student Embalmer

Licensed Embalmer No. *4025*

P. O. Address *Wesley 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.