S. No. 300
Rev. 10-48

FILED JUN 25 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19836

BIRTH NO. _____ REG. DIST. NO. 67 PRIMARY REG. DIST. NO. 5258 Registrar's No. 10

0220

1. PLACE OF DEATH
a. COUNTY: CHRISTIAN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: CHRISTIAN 0220
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ROGERSVILLE
d. STREET ADDRESS (If rural, give location): R. R. # 1

3. NAME OF DECEASED (Type or Print): a. (First) EMMA b. (Middle) c. (Last) SMITH

4. DATE OF DEATH (Month) May (Day) 25 (Year) 1952

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: JUNE 14, 1869
9. AGE (In years last birthday): 82 (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): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: GEORGE FORGEY
13b. MOTHER'S MAIDEN NAME: Ibby ENGLAND
14. NAME OF HUSBAND OR WIFE: JOEB BEN SMITH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: CARL SMITH ADDRESS: ROGERSVILLE, Mo.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach
ANTECEDENT CAUSES
Morbid 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. None.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: No Operation 151X
20. AUTOPSY? YES ☐ NO ☒

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) m.
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 May 4, 1952, to May 25, 1952, that I last saw the deceased alive on May 24, 1952, and that death occurred at 5:15 A.m., from the causes and on the date stated above.

23a. SIGNATURE: A. R. Schultz (Degree or title) DDS
23b. ADDRESS: Ford Land Mo.
23c. DATE SIGNED: 6/2/52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 5-27-52
24c. NAME OF CEMETERY OR CREMATORY: LINDEN CEMETERY
24d. LOCATION (City, town, or county): CHRISTIAN Co. (State) Mo.

DATE REC'D BY LOCAL REG.: June 19, 1952
REGISTRAR'S SIGNATURE: Helen Blevins 454
25. FUNERAL DIRECTOR'S SIGNATURE: H. C. FERRELL ADDRESS: ROGERSVILLE, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 4 1953

JAN 26 1953

DEC 1 1952

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 W. K. FERREL, working under my personal supervision.

Student Embalmer No. 464

Signed W. K. Ferrel
Student Embalmer

Signed K. K. Kelley

Licensed Embalmer No. 3334

P. O. Address Goodland Ind.

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.

23 1953

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Webster }

State File No. 19836-52

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No.

On this 22 day of JAN, 1953, before me appears H.C. FERRELL, who, upon his oath, states that the original record of ~~birth~~ death for Emma Smith, died ~~born~~ May 25, 1952, in the State of Missouri, and which was filed at Chadwick, Mo on 19th June, 1952, should be corrected as follows:

Item No. 8 should read June 14, 1869

Instead of June 14, 1894

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant H.C. Ferrell Funeral Director
Relationship.

Rogersville Mo.
Present Address.

Subscribed and sworn to before me this 22 day of Jan, 1953

My Commission expires 2/12/56

Wm. D. Breedlove Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
—8-43
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