

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19930**

No. 3067  
10.48  
JUN 16 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **84** PRIMARY REG. DIST. NO. **4147** Registrar's No. **16**

1. PLACE OF DEATH a. COUNTY <b>Cooper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cooper</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Bunceton</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Bunceton</b>	
c. LENGTH OF STAY (in this place) <b>Life</b>		d. STREET ADDRESS (If rural, give location) <b>No street numbers</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>No street numbers</b>			

3. NAME OF DECEASED (Type or Print) <b>CORA SMITH</b>			4. DATE OF DEATH <b>June 8, 1952</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>July 23, 1882</b>		9. AGE (In years last birthday) <b>69</b>
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>Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Cooper County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Robert Smith (Deceased)</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Lucinda Williams</b> ADDRESS <b>Bunceton, 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.		<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>HEAVY PNEUMONIA</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <b>Cerebral Apoplexy</b> DUE TO (c) <b>Cardiac De-compensation</b>			INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>  <b>2 yrs.</b>
19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION <b>490X</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) <b>None</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **DEC. 16, 1949**, to **JUNE 7, 1952**, that I last saw the deceased alive on **JUNE 7, 1952**, and that death occurred at **10:47 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Dr. James A. Carruth, M.D.</b>		23b. ADDRESS <b>Bunceton - Mo</b>		23c. DATE SIGNED <b>6-9-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6/12/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Bunceton Cemetery</b>	
		24d. LOCATION (City, town, or county) (State) <b>Bunceton, Missouri</b>			

DATE REC'D BY LOCAL REG. <b>June 12 - 1952</b>		REGISTRAR'S SIGNATURE <b>Hellie Mullett</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>James E. Richardson</b> ADDRESS <b>Diston Mo</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

270  
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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Jewell E. Richard

Licensed Embalmer No. 2466

P. O. Address Dipton, 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.