No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUL 7 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20210

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5460 Registrar's No. 609-A

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rogersville Rural (Clay Twp)
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): Rural Route

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Greene 0390
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rogersville, Rural, Clay Twp.
d. STREET ADDRESS (If rural, give location): Rural Route

3. NAME OF DECEASED (Type or Print): a. (First) Viola b. (Middle) — c. (Last) Smith
4. DATE OF DEATH (Month) (Day) (Year): June 19 1952
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 19, 1880
9. AGE (In years last birthday): 72 — 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): Greene Co. Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Fate Gilbert
13b. MOTHER'S MAIDEN NAME: Pursley
14. NAME OF HUSBAND OR WIFE: William J.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: William J. Smith, ADDRESS: Rogersville Mo

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) (Cause undetermined - pending report of Physician - who was on vacation.)

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Carcinoma of breast (supp. report)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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 ____, 19__ to ____, 19__, that I last saw the deceased alive on ____, 19__, and that death occurred at 11:00 A. m., from the causes and on the date stated above.*

23a. SIGNATURE: Edith Williamson (Degree or title): Deputy Registrar of Vital Statistics
23b. ADDRESS: Greene Co. Court House, Springfield, Mo.
23c. DATE SIGNED: 7-1-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 21, 1952
24c. NAME OF CEMETERY OR CREMATORY: Smith Cem.
24d. LOCATION (City, town, or county) (State): Rogersville, Rural, Missouri.

DATE REC'D BY LOCAL REG.: 7-1-52
REGISTRAR'S SIGNATURE: Edith Williamson Dep. Reg.
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: H.C. Ferrell, Rogersville Mo.

(Licensed Embalmer's Statement on Reverse Side)

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: K. R. Kelley

Licensed Embalmer No. 3334

P. O. Address Fordland 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.