.S. No. 300
EV. 10-48

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

FILED JUL 18 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25333

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 45

1. PLACE OF DEATH
a. COUNTY Pike 0821
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Louisiana
c. LENGTH OF STAY (in this place) 1 Week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Pike Co. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Pike 0821
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Louisiana 0
d. STREET ADDRESS (If rural, give location) 222 North Main St.

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

4. DATE OF DEATH (Month) (Day) (Year) July 8, 1952

5. SEX Female 1
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1
8. DATE OF BIRTH April 28, 1883
9. AGE (In years last birthday) 69 — If under 1 year: Months 2, Days 10 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) owner of Beauty Shop
10b. KIND OF BUSINESS OR INDUSTRY Retired owner of Beauty Shop
11. BIRTHPLACE (State or foreign country) Pike Co., Missouri
12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME Edward Smith
13b. MOTHER'S MAIDEN NAME Mary E. Campbell
14. NAME OF HUSBAND OR WIFE John Kelly

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 ADDRESS Mr. John Kelly, Louisiana, Missouri

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) acute congestive failure — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES

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

DUE TO (b) coronary thrombosis — over 5 years

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 4201
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* July, 1951, *to* 7-8-, 1952, *that I last saw the deceased alive on* 7-8-, 1952 *and that death occurred at* 2:35 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE John H. Hooker (Degree or title) M.D.
23b. ADDRESS Clarksville, Mo.
23c. DATE SIGNED 7-8-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7/10/52
24c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery
24d. LOCATION (City, town, or county) (State) Louisiana, Missouri

DATE REC'D BY LOCAL REG. July 10, 1952
REGISTRAR'S SIGNATURE Bernice Collier 374
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sterne Funeral Home, Louisiana, Mo.

(Licensed Embalmer's Statement on Reverse Side)

APR 1 1954

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 Virginia M. Stone

Licensed Embalmer No. 4645

P. O. Address Louisiana, 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.