

FILED SEP 29 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 879
31379

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5465 Registrar's No. 879

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield N. Campbell</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield, Rural, N. Campbell</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mission Village Box 720</u>		d. STREET ADDRESS (If rural, give location) <u>Mission Village Box 720</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>FLORENCE</u> b. (Middle) <u>M.</u> c. (Last) <u>SMITH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 27 1952</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>19 July 1897</u>		9. AGE (In years last birthday) <u>55</u>		10. IF UNDER 1 YEAR Months _____ Days _____	
11. IF UNDER 2 HRS. Hours _____ Mins. _____		11. BIRTHPLACE (City and State or Foreign County) <u>Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>			

13a. FATHER'S NAME <u>John Piseling</u>		13b. MOTHER'S MAIDEN NAME <u>Weaver</u>		14. NAME OF HUSBAND OR WIFE <u>Vivan Smith</u>	
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. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Vivan Smith</u> ADDRESS <u>Springfield, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Probably Coronary Vascular Disease</u> (according to Coroner's report) ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			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) <u>4201</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from _____, 1952, and that death occurred at 4:30A m., from the causes and on the date stated above.

23. SIGNATURE <u>Edith Williamson</u> Deputy Registrar of Vital Statistics		23b. ADDRESS <u>Greene County Court House Springfield, Missouri</u>		23c. DATE SIGNED <u>9/27/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-30-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Galena Heights</u>	
24d. LOCATION (City, town, or county) (State) <u>Galena Kansas</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J.W. KLINGNER & CO.</u> ADDRESS <u>Springfield, Mo.</u>		DATE REC'D BY LOCAL REG. <u>9/27/52</u>	

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

0390

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 Ogl Stone Jr

Licensed Embalmer No. #126

P. O. Address Springfield

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.