

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35994

State File No.

OCT 16 1952

BIRTH NO.		REG. DIST. NO. <u>292</u>		PRIMARY REG. DIST. NO. <u>4434</u>		Registrar's No.	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Ralls.</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Center, Missouri.</u>		a. STATE <u>Missouri.</u>		b. COUNTY <u>Ralls.</u>	
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Center, Missouri.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Center, Missouri.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Center, Missouri.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Center, Missouri.</u>				d. STREET ADDRESS (If rural, give location) <u>center, Missouri.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Orlana</u>		b. (Middle) <u>Belle</u>		c. (Last) <u>Smith</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Oct, 5, 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>Nov, 26, 1884</u>		9. AGE (In years last birthday) <u>68</u>		10. UNDER 1 YEAR <u>10</u>		11. UNDER 10 HRS. <u>19</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>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Ralls County, Missouri.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>J.T. Keithley</u>		13b. MOTHER'S MAIDEN NAME <u>Fannie Maigson</u>		14. NAME OF HUSBAND OR WIFE <u>H.J. Smith.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>H.J. Smith</u>		ADDRESS <u>Center, Missouri.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Thrombosis - Coronary</u>		ANTECEDENT CAUSES				<u>1 minute</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Unknown</u>					
DUE TO (c) <u>Unknown</u>		<u>No previous sickness</u>					
II. OTHER SIGNIFICANT CONDITIONS		<u>Unknown - Died suddenly in Church</u>					
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>				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) <u>I was at the Church when she died.</u>		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 <u>Oct. 5, 1952</u> , to <u>Oct. 5, 1952</u> , that I last saw the deceased alive on <u>Oct. 5, 1952</u> and that death occurred at <u>8:15 P.M.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>C. H. Parker Jr. D.O.</u>		23b. ADDRESS <u>Center, Missouri.</u>		23c. DATE SIGNED <u>10-7-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-7-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Olivet Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Center, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-7-1952</u>		REGISTRAR'S SIGNATURE <u>Clyde C. Wilkey</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clyde C. Wilkey</u>		ADDRESS <u>Perry, Missouri</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 8 1961

JAN 13 1967

OCT 20 1967

NOV 8

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 *Dwight Wilkey*
Licensed Embalmer No. 3820

P. O. Address Perry, Missouri.

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.