

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37780

State File No. ....

FILED DEC 1 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1219

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

1. PLACE OF DEATH a. COUNTY <u>BUCHANAN</u>		2. USUAL RESIDENCE (Where deceased lived, all institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>BUCHANAN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST-JOSEPH-</u>		c. LENGTH OF STAY (In this place) <u>30 YRS</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST-JOSEPH</u>		d. STREET ADDRESS (If rural, give location) <u>1435-NO-15<sup>TH</sup></u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST-JOSEPH-HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) <u>MARGARET-L-SMITH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV-19-1952</u>		
a. (First)	b. (Middle)	c. (Last)			

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>MARCH-3-1877</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
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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		11. BIRTHPLACE (State or foreign country) <u>NEW-MARKET-MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>Charlie Hays</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Crank</u>	14. NAME OF HUSBAND OR WIFE <u>WALTER-R-SMITH</u>	
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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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Walter Smith</u> ADDRESS <u>St Joseph</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES		
	DUE TO (b) <u>arteriosclerosis</u>		
	DUE TO (c) <u>heart disease</u>		<u>6 mo</u>
	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 <u>4201</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 11-18-52, to 11-19-52, that I last saw the deceased alive on 11-19-52, and that death occurred at 7 PM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Clifton Smith</u>	23b. ADDRESS <u>218 North 7th Street, City</u>	23c. DATE SIGNED <u>11-20-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>NOV-22-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>GREEN-CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>ST-JOSEPH-MO</u>
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DATE REC'D BY LOCAL REG. <u>Nov. 25, 1952</u>	REGISTRAR'S SIGNATURE <u>Carl C. Coyle</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Stoney Funeral Home</u> ADDRESS <u>St Joseph Mo</u>
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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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed *John Roy Stamey*

Licensed Embalmer No. *2435*

P. O. Address *St Joseph 2nd*

**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.