

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39790

State File No. ....

FILED DEC 1 1952

|  |                              |  |   |   |   |   |   |
|--|------------------------------|--|---|---|---|---|---|
| BIRTH NO. _____  |                              | REG. DIST. NO. <u>291</u>  |   | PRIMARY REG. DIST. NO. <u>4433</u>  |   | Registrar's No. <u>78</u>                   |   |
| 1. PLACE OF DEATH<br>a. COUNTY <u>PUTNAM</u>   |                              |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>MO</u><br>b. COUNTY <u>PUTNAM</u> |   |   |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>UNIONVILLE</u>  |                              | c. LENGTH OF STAY (In this place)<br><u>3 weeks</u>  |   | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>UNIONVILLE</u>   |   | <u>0860</u>                                 |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>MONROE HOSPITAL</u>  |                              |  |   | d. STREET ADDRESS (If rural, give location)<br><u>Town</u>  |   |   |   |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>EVA</u><br>b. (Middle) <u>ETHEL</u><br>c. (Last) <u>SMILEY</u>   |                              |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Nov 2 1952</u>  |   |   |   |   |
| 5. SEX<br><u>F</u>   | 6. COLOR OR RACE<br><u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>M</u>   | 8. DATE OF BIRTH<br><u>Dec 6, 1890</u>                      |   | 9. AGE (In years last birthday)<br><u>60</u>                          | 10. MONTHS<br><u>10</u>                     | 11. DAYS<br><u>28</u>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>HOME WORK</u>  |                              | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>self</u>   |   | 11. BIRTHPLACE (State or foreign country)<br><u>Putnam Co. Mo</u>   |   | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.</u> |   |
| 13a. FATHER'S NAME<br><u>JOHN DEVELT</u>   |                              |  | 13b. MOTHER'S MAIDEN NAME<br><u>ANNA READING</u>            |   | 14. NAME OF HUSBAND OR WIFE<br><u>DELBERT SMILEY</u>                  |   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u>  |                              | 16. SOCIAL SECURITY NO.<br><u>no</u>   |   | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Delbert Smiley Unionville Mo</u>  |   |   |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.                            |                              | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute suppurating Parotiditis</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>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?<br>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)   |   |   |   |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)<br>m.  |                              | 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 <u>11-5-1949</u> to <u>Nov. 2, 1952</u> , that I last saw the deceased alive on <u>Nov. 2, 1952</u> , and that death occurred at <u>11:30</u> a.m., from the causes and on the date stated above. |                              |  |   |   |   |   |   |
| 23a. SIGNATURE<br><u>L. W. McDonald</u>  |                              |  |   | 23b. ADDRESS<br><u>Unionville, Mo.</u>  |   | 23c. DATE SIGNED<br><u>11-10-52</u>         |   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>B</u>  |                              | 24b. DATE<br><u>Nov 4-52</u>   | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Unionville Cem</u> |   | 24d. LOCATION (City, town, or county) (State)<br><u>Unionville Mo</u> |   |   |
| DATE REC'D BY LOCAL REG.<br><u>11-26-52</u>  |                              | REGISTRAR'S SIGNATURE<br><u>Marvell Durbin</u>   |   | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>W. J. Husted</u>   |   |   |   |
|  |                              |  |   | ADDRESS<br><u>Unionville Mo</u>   |   |   |   |

(Licensed Embalmer's Statement on Reverse Side)

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

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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

*F. O. Husted*

Signed.....  
Student Embalmer

Licensed Embalmer No. 2975-

P. O. Address Unionville

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.