

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41409

State File No. ....

BIRTHDAY 53744 FILED DEC 29 1952 REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 438

1. PLACE OF DEATH a. COUNTY <b>Adair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Adair</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kirksville</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kirksville</b>	
c. LENGTH OF STAY (In this place) <b>Life</b>		d. STREET ADDRESS (If rural, give location) <b>Kirksville</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Laughlin Hosp.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Alice</b> b. (Middle) <b>L.</b> c. (Last) <b>Smith</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 19. 52</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>10.6.1882</b>		9. AGE (In years last birthday) <b>70</b>		10. F UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Waitress</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Millard, Mo</b>	
				12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>Jacob Mack</b>		13b. MOTHER'S MAIDEN NAME <b>Caroline Leavengood</b>		14. NAME OF HUSBAND OR WIFE	
--------------------------------------	--	--	--	-----------------------------	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>Unk.</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Eugene E. Smith, Penscola, Fla.</b>	
--	--	-------------------------------------	--	--	--

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, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Massive pulmonary embolism</b> INTERVAL BETWEEN ONSET AND DEATH <b>25 min</b> ANTECEDENT CAUSES DUE TO (b) <b>Undetermined origin (autopsy refused)</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <b>Probable embolism l. brachial artery</b> <b>Multiple renal infarct rt kidney</b>		
---	--	--	--	--

19a. DATE OF OPERATION <b>12-11-52</b>		19b. MAJOR FINDINGS OF OPERATION <b>Right nephrectomy</b>		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)	
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?	

22. I hereby certify that I attended the deceased from 12-3-52, 1952, to 12-19-52, 1952, that I last saw the deceased alive on 12-18-52, 1952, and that death occurred at 6:05A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Carl Hays D.O.</b>		23b. ADDRESS <b>Kirksville, Mo.</b>		23c. DATE SIGNED <b>12-20-52</b>	
--	--	-------------------------------------	--	----------------------------------	--

24a. BURIAL CREMATION REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Dec. 21, 52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Maple Hills Cemetery</b>	
				24d. LOCATION (City; town, or county) (State) <b>Kirksville, Mo.</b>	

DATE REC'D BY LOCAL REG. <b>12-27-52</b>		REGISTRAR'S SIGNATURE <b>Kate Lambert</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Randolph Davis - Kirksville</b>	
--	--	---	--	---	--

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

*Earl Long*

FEB 24 1953

FEB 24 1953

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 Donald L. Roberts

Licensed Embalmer No. 4722

P. O. Address Jacksonville, 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.