

STANDARD CERTIFICATE OF DEATH

41760

State File No. 194

FILED JAN 8 1953

BIRTH NO. 83577 REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4097 Registrar's No. 194

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Cass</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Cass</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give town or township) <b>Harrisonville</b> |  | c. CITY (If outside corporate limits, write RURAL and give township) <b>Harrisonville</b>  |  |
| c. LENGTH OF STAY (In this place) <b>12 hr</b>  |  | d. STREET ADDRESS (If rural, give location) <b>Harrisonville</b>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Memoral Hospital</b>                                   |  |  |  |

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|---|--|---|--|--|--|
| 3. NAME OF DECEASED<br>a. (First) <b>Mary Jane</b> b. (Middle) <b>A.</b> c. (Last) <b>Smith</b> |  |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>12-23-1952</b> |  |  |
| 5. SEX <b>female</b>  |  | 6. COLOR OR RACE <b>white</b>             |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>0</b>              |  |
| 8. DATE OF BIRTH <b>12-23-1952</b>  |  | 9. AGE (In years last birthday) <b>12</b> |  | 10. IF UNDER 1 YEAR Months <b>12</b> Days <b>12</b> Min.                     |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)     |  | 10b. KIND OF BUSINESS OR INDUSTRY         |  | 11. BIRTHPLACE (City and State or Foreign Country) <b>Harrisonville, Mo.</b> |  |
| 12. CITIZEN OF WHAT COUNTRY? <b>USA</b>   |  |   |  |  |  |

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|--|--|---|--|--|--|
| 13a. FATHER'S NAME <b>George Smith</b>   |  | 13b. MOTHER'S MAIDEN NAME <b>Eula Wyatt</b> |  | 14. NAME OF HUSBAND OR WIFE  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) |  | 16. SOCIAL SECURITY NO.                     |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>George Smith, Pleasant Hill, Mo.</b> |  |

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|---|--|---|--|---|--|
| 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) <b>Pulmonary Atelectasis, lobat.</b><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>(baby 12 hrs old)</b><br>DUE TO (c)<br>II. OTHER SIGNIFICANT CONDITIONS <b>H # 402 baby, born of force mother, breech delivery</b> |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>4 hrs.</b> |  |
|---|--|---|--|---|--|

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|--|--|--|--|--|--|
| 19a. DATE OF OPERATION                             |  | 19b. MAJOR FINDINGS OF OPERATION <b>7625</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 **12-23, 1952** to **12-23, 1952**, that I last saw the deceased alive on **12-23, 1952** and that death occurred at **6:45 p.m.** from the causes and on the date stated above.

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|---|--|--|--|---|--|
| 23a. SIGNATURE (Degree or title) <b>W. E. Shivers, M.D.</b>             |  | 23b. ADDRESS <b>Pleasant Hill, Mo.</b> |  | 23c. DATE SIGNED <b>12-24-52</b>                            |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>                 |  | 24b. DATE <b>12-24-1952</b>            |  | 24c. NAME OF CEMETERY OR CREMATORY <b>Pleasant Hill Cem</b> |  |
| 24d. LOCATION (City, town, or county) (State) <b>Pleasant Hill, Mo.</b> |  |  |  |   |  |

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| DATE REC'D BY LOCAL REG. <b>Dec 28 1952</b> |  | REGISTRAR'S SIGNATURE <b>Dora Barriard</b> |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Allen Broumfield Pleasant Hill Mo</b> |  |
|---|--|--|--|---|--|

(Licensed Embalmer's Statement on Reverse Side)

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

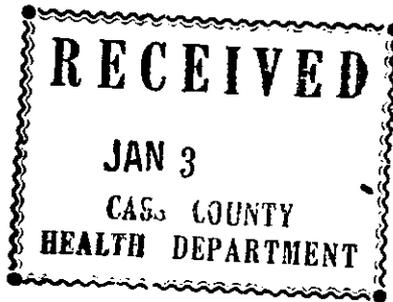
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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Allen Burdick*

Licensed Embalmer No. 3785

P. O. Address *Plumsted Hill, N.J.*

**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.