.S. No. 300
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FILED JAN 26 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 712

BIRTH NO. _____ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 5291 Registrar's No. 8

6000
5

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

1. PLACE OF DEATH
a. COUNTY: Clay
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Liberty
c. LENGTH OF STAY (In this place): 1 year
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): IOOF. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Clay
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Liberty 6 1-5-0
d. STREET ADDRESS (If rural, give location): IOOF. Home

3. NAME OF DECEASED (Type or Print)
a. (First): Margaret
b. (Middle): Elizabeth
c. (Last): Smith

4. DATE OF DEATH (Month) (Day) (Year): Jan. 20-53

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: July 26-1868
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months 5, Days 24 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and State or Foreign Country): Missouri 0
12. CITIZEN OF WHAT COUNTRY?: USA.

13a. FATHER'S NAME: Edward Ward
13b. MOTHER'S MAIDEN NAME: Elizabeth Burnett
14. NAME OF HUSBAND OR WIFE: Winston A. Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: State IOOF. Home Records Liberty, Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) 4500

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
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) m.
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 _____, 1951, to Jan 24, 1953, that I last saw the deceased alive on Jan 17, 1953, and that death occurred at 10:30 A.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wm H Goodson MD
23b. ADDRESS: Liberty Mo
23c. DATE SIGNED: 1/28/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Jan 20-53
24c. NAME OF CEMETERY OR CREMATORY: Sarcoxie
24d. LOCATION (City, town, or county) (State): Sarcoxie, Missouri

DATE REC'D BY LOCAL REG.: Jan. 20. 1953
REGISTRAR'S SIGNATURE: Minnie Haynes
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Church-Archer Co. Liberty Mo

(Licensed Embalmer's Statement on Reverse Side)

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 John Lombard

Licensed Embalmer No. 4448

P. O. Address Liberty, 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.