

FILED JAN 27 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1742

No. 300  
10. 48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Pennsylvania b. COUNTY Delaware	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Media	
c. LENGTH OF STAY (In this place) 6 Months		d. STREET ADDRESS (If rural, give location) 33 E. Jefferson	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1703 So. Ash			

3. NAME OF DECEASED (Type or Print) a. (First) ELIZABETH b. (Middle) L. c. (Last) SMITH			4. DATE OF DEATH (Month) (Day) (Year) Jan. 8, 1953			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 20, 1888	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months 2 Days 18	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) Hertfield, No. Carolina.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Henry Lamb		13b. MOTHER'S MAIDEN NAME Nora Copeland		14. NAME OF HUSBAND OR WIFE A.G. Criswell 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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Criswell Smith Jr. 1703 S. Ash Indep		

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>septicemia</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Pyelonephritis</u>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>3 mos</u> <u>unknown</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  <u>6000</u>			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) (Min.)		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 Nov 18, 1952, to Jan 8, 1953, that I last saw the deceased alive on Jan 6, 1953, and that death occurred at 4:35 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. Robert M. D. O.</u>		23b. ADDRESS <u>1210 Oak Independence Mo.</u>		23c. DATE SIGNED <u>1-8-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE <u>Jan 9, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Media Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Media, Pennsylvania.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilson L. Keyser</u>		ADDRESS <u>Indep. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-9-53</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

6-7-8-10-12  
[APR 22 1954]

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 \_\_\_\_\_

*Clifton L. Kessler*

Licensed Embalmer No. \_\_\_\_\_

4225

P. O. Address \_\_\_\_\_

*Indep. 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.