

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

2089

State File No.

FILED FEB 3 1953

BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 6645 Registrar's No. 14

0550
 1

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

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Aurora Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Aurora</u> <u>0551</u>	
c. LENGTH OF STAY (In this place) <u>2 weeks</u>		d. STREET ADDRESS (If rural, give location) <u>Gen. Del. Myrtle St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural Rt. # 2</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ADDA</u>	b. (Middle) <u>FLORENCE</u>	c. (Last) <u>SMITH</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 16, 1953</u>
---	-----------------------------	------------------------	---

5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan. 10, 1874</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
----------------------	-------------------------------	---	---------------------------------------	---	------------------------	-----------------------	-------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Atlanta, Georgia</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
--	--	--	--

13a. FATHER'S NAME <u>George Montgomery</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Barney Smith</u>
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>none</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Kyle Jones</u>	ADDRESS <u>Aurora Rt. #2</u>
--	-------------------------------------	--	------------------------------

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
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 <input type="checkbox"/> NO <input 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 Jan 6, 1953, to Jan 16, 1953, that I last saw the deceased alive on Jan 16, 1953, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>M.D. Herron</u> (Degree or title)	23b. ADDRESS <u>Aurora, Mo.</u>	23c. DATE SIGNED <u>Jan 16, 1953</u>
---	---------------------------------	--------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>1/18/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lee Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Verona, Missouri</u>
---	--------------------------	--	---

DATE REC'D BY LOCAL REG. <u>Jan. 31, 1953</u>	REGISTRAR'S SIGNATURE <u>Ora Mc Natt</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Oscar L. Marsh</u>	ADDRESS <u>Aurora, Missouri</u>
---	--	--	---------------------------------

(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 A. Parrent

Licensed Embalmer No. *4809*

P. O. Address *Aurora, 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.