

No. 300  
10-48-53

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

FILED FEB 1 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2406

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 264 PRIMARY REG. DIST. NO. 5891 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Ozark</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ozark</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL</u>		c. LENGTH OF STAY (In this place) <u>22 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - Bridges 0770</u>		d. STREET ADDRESS (If rural, give location) <u>6</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION						
3. NAME OF DECEASED (Type or Print) <u>MARY</u>			a. (First)	b. (Middle) <u>LOU</u>	c. (Last) <u>SMART</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>1-27-53</u>	5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	8. DATE OF BIRTH <u>1-5-53</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR: Months <u>22</u> IF UNDER 24 HRS.: Hours 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) <u>Gainesville, Mo. 0</u>		
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			13a. FATHER'S NAME <u>Lennie Jones</u>	13b. MOTHER'S MAIDEN NAME <u>Maggie Smart</u>	14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Lennie Smart, Gainesville</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____	II. OTHER SIGNIFICANT CONDITIONS _____				Interval: _____	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES					
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
	DUE TO (b) _____					
	DUE TO (c) _____					
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>7630</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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>JAN 26, 1953</u> to _____, 19____, that I last saw the deceased alive on <u>JAN. 26, 1953</u> and that death occurred at <u>4:15 a.m.</u> , from the causes and on the date stated above.						
23a. SIGNATURE <u>Geo. Hickey, D.O.</u>			23b. ADDRESS <u>Gainesville</u>		23c. DATE SIGNED <u>1-27-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-27-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Simms</u>		24d. LOCATION (City, town, or county) (State) <u>Rural - Mo.</u>		
DATE REC'D BY LOCAL REG. <u>1-31-53</u>	REGISTRAR'S SIGNATURE <u>Shawn Mahan</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clint Kingbeard</u>			
			ADDRESS <u>Home - Paris</u>			

**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.

*No  
Embalmed*

Signed

Student \_\_\_\_\_  
Student Embalmer

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

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

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.