

FILED JAN 22 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2606**

BIRTH NO. _____ REG. DIST. NO. **290** PRIMARY REG. DIST. NO. **5986** Registrar's No. **7**

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Crocker, Mo Rural	c. LENGTH OF STAY (in this place) life	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Crocker, Mo Rural	
d. FULL NAME OF HOSPITAL OR INSTITUTION None		d. STREET ADDRESS (If rural, give location) None	

3. NAME OF DECEASED (Type or Print)	a. (First) Sarah	b. (Middle) Elizabeth	c. (Last) Smelcer	4. DATE OF DEATH (Month) (Day) (Year) Jan. 11, 1953
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH (last birthday) Sept. 23, 1863	9. AGE (In years) (last birthday) 89	10. MONTHS 3	11. DAYS 18	12. HOURS 	13. MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Crocker, Mo Rural	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME James McMillian	13b. MOTHER'S MAIDEN NAME Mary Bilyeu	14. NAME OF HUSBAND OR WIFE James B. Smelcer
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Ernest Smelcer	ADDRESS Crocker, Mo Rural
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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, ashenia, 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) Arterial Sclerosis		2 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pneumonia Bronchitis DUE TO (c) _____		5 days
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION Jan	19b. MAJOR FINDINGS OF OPERATION 4500	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from **Aug. 1940**, to **Jan. 11, 1953**, that I last saw the deceased alive on **Jan. 10, 1953**, and that death occurred at **3:00 PM**, from the causes and on the date stated above.

23a. SIGNATURE E. Mallett	(Degree or title) M.D.	23b. ADDRESS Crocker, Mo	23c. DATE SIGNED Jan. 12, 1953
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan 13/53	24c. NAME OF CEMETERY OR CREMATORY Porter Cemetery	24d. LOCATION (City, town, or county) (State) Crocker, Mo Rural
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DATE REC'D BY LOCAL REG. 1-13-53	REGISTRAR'S SIGNATURE Carroll J. Anderson	454-5	25. FUNERAL DIRECTOR'S SIGNATURE Hedges Funeral Home	ADDRESS Crocker, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED 1-13-53
Pulaski County Health Officer
File Number 1-17-53
Date Filed 1-17-53

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 _____

working under my personal supervision. _____
Student Embalmer No. _____

Student
Student Embalmer

Signed Walter J. Adams

Licensed Embalmer No. 4265

P. O. Address Leonia, Md

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.