

FILED FEB 16 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8381

BIRTH NO. _____ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3022 Registrar's No. 403

1. PLACE OF DEATH a. COUNTY <u>Saline</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>0970 Rural - Marshall Twn.</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall, Missouri - 1850</u>			d. STREET ADDRESS (If rural, give location) <u>2 1/2 Mi South East of Malta Bend, Mo.</u>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Fitzgibbon Hospital</u>			4. DATE OF DEATH (Month) <u>Feb.</u> (Day) <u>11</u> (Year) <u>1953</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Adah</u> b. (Middle) <u>May</u> c. (Last) <u>Smith</u>			5. SEX <u>Female</u> 6. COLOR OR RACE <u>White</u> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		
8. DATE OF BIRTH <u>Oct. 13-1914</u>			9. AGE (In years) <u>38</u> If UNDER 1 YEAR: Months <u>3</u> Days <u>28</u> If UNDER 24 Hrs. _____		
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>Own Home</u>		
11. BIRTHPLACE (City and State or Foreign Country) <u>Decaturville, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Tomas J. Rogers</u>		13b. MOTHER'S MAIDEN NAME <u>Stella McGuire</u>		14. NAME OF HUSBAND OR WIFE <u>Marshall, M. Austin H. Smith R.F.D.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. _____		
17. INFORMANT'S SIGNATURE OR NAME <u>Austin H. Smith</u>			ADDRESS <u>Marshall, Mo. R.F.D.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Collision between two automobiles</u> INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 checked="" type="checkbox"/>			097		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident - 65 Highway</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Marshall Saline Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) <u>Feb. - 11 1953 10 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Collision between two automobiles</u>	
22. I hereby certify that I attended the deceased from <u>has made an visit on Feb. 11 to 1952</u> , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>10 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>P. L. Lawrence M.P. Coroner Saline Co.</u> (Degree or title) <u>3</u>			23b. ADDRESS <u>Marshall Mo.</u>		23c. DATE SIGNED <u>2-12-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/14/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Memorial Garden - Marshall Mo.</u>	
24d. LOCATION (City, town, or county) (State) _____		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Leslie Sweeney</u>		ADDRESS <u>Marshall, Mo.</u>	
DATE RECD BY LOCAL REG. <u>2-13-1953</u>		REGISTRAR'S SIGNATURE <u>Raymond F. Gray</u> 385		_____	

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

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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 J. Leslie Surrency

Licensed Embalmer No. 2238

P. O. Address Marshall, W. Va.

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.