

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14797

State File No. \_\_\_\_\_

FILED MAY 6 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 72

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Blackwater</u>	
c. LENGTH OF STAY (In this place) <u>1 WK</u>		d. STREET ADDRESS (If rural, give location) <u>0270</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Warrensburg Medical Center</u>		d. STREET ADDRESS (If rural, give location) <u>/</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Linnie</u>	b. (Middle) <u>Rae</u>	c. (Last) <u>Smith</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 4, 1953</u>
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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>Oct. 26, 1880</u>	9. AGE (In years last birthday) <u>72</u>	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours	# UNDER 1 YEAR Min.
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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>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Appleton City, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Hillery Nolan</u>	13b. MOTHER'S MAIDEN NAME <u>Susan Reed</u>	14. NAME OF HUSBAND OR WIFE <u>Chester Smith</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Clarence L. Parks, Warrensburg, Mo</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease yrs</u> 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 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) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 3/29/1953, to 4/4/1953 that I last saw the deceased alive on 4/4/1953 and that death occurred at 10:15 A.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Charles M. Davis, M.D.</u>	23b. ADDRESS <u>Warrensburg, Missouri</u>	23c. DATE SIGNED <u>4/4/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>4/6/1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Arrow Rock Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Arrow Rock, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Apr. 26, 1953</u>	REGISTRAR'S SIGNATURE <u>Severance C. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sedalia, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0512  
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RECEIVED  
APR 28 1953  
JOHNSON COUNTY HEALTH DEPT.

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 R. E. Baker

Licensed Embalmer No. 2419

P. O. Address Sedalia 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.