

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **15206**

FILED MAY 4 1953

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **147**

0804
 1

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

1. PLACE OF DEATH a. COUNTY PETTIS			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY PETTIS								
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SEDALIA		c. LENGTH OF STAY (In this place) 40 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SEDALIA		0804						
d. FULL NAME OF HOSPITAL OR INSTITUTION 1218 E. 5th St.			d. STREET ADDRESS (If rural, give location) 1218 E. 5th St.								
3. NAME OF DECEASED (Type or Print) a. (First) RENA b. (Middle) MELVINA c. (Last) SMITH			4. DATE OF DEATH (Month) (Day) (Year) April 28, 1953								
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 4, 1870	9. AGE (In years last birthday) 82	<table border="1"> <tr> <td>IF UNDER 1 YEAR</td> <td>IF UNDER 12 HRS</td> </tr> <tr> <td>Months</td> <td>Days</td> </tr> <tr> <td>9</td> <td>24</td> </tr> </table>	IF UNDER 1 YEAR	IF UNDER 12 HRS	Months	Days	9	24
IF UNDER 1 YEAR	IF UNDER 12 HRS										
Months	Days										
9	24										
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Maysville, Missouri		12. CITIZEN OF WHAT COUNTRY? USA						
13a. FATHER'S NAME James Ellis		13b. MOTHER'S MAIDEN NAME Mary Dunn		14. NAME OF HUSBAND OR WIFE Benjamin F. Smith							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Ralph Smith, Springfield, Mo. ADDRESS								
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.	<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis ANTECEDENT CAUSES Hypertension 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.				INTERVAL BETWEEN ONSET AND DEATH						
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331x			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 type="checkbox"/>	21f. HOW DID INJURY OCCUR?									
22. I hereby certify that I attended the deceased from April 27, 1953 , to April 28, 1953 , that I last saw the deceased alive on April 28, 1953 , and that death occurred at 12:10 P.M. , from the causes and on the date stated above.											
23a. SIGNATURE R. Seawley (Degree or title) MD			23b. ADDRESS Sedalia, Mo.		23c. DATE SIGNED 4/29-53						
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-30-53	24c. NAME OF CEMETERY OR CREMATORY Crown Hill	24d. LOCATION (City, town, or county) (State) Sedalia, Mo.								
DATE REC'D BY LOCAL REG. 4/30/53	REGISTRAR'S SIGNATURE Blyde A. Bridges		GENERAL DIRECTOR'S SIGNATURE W. E. Ewing		ADDRESS Sedalia, Mo.						

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.