

FILED MAY 25 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17765**
Registrar's No. **469-B**

BIRTH NO.		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 5465		Registrar's No. 469-B	
1. PLACE OF DEATH a. COUNTY Greene 0390				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene 0396			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield North Campbell		c. LENGTH OF STAY (in this place) 2 1/2 days		c. CITY OR TOWN Springfield		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Greene County Hospital				e. STREET ADDRESS (If rural, give location) 1530 E. Florida			
3. NAME OF DECEASED (Type or Print) BEULAH		a. (First)		b. (Middle)		c. (Last) SMITH	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married		4. DATE OF DEATH (Month) (Day) (Year) May 14 1953	
9. AGE (In years last birthday) 55		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY In home		8. DATE OF BIRTH 19 June 1897	
11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Francis M. Burrow		13b. MOTHER'S MAIDEN NAME Flora M. Gilmore	
14. NAME OF HUSBAND OR WIFE George Smith		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Emery Jackson Springfield, Mo.	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Arterio pathology resulting in hemiplegia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Carcinoma Cervix post treatment Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3 to 4 weeks 5-6 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 334X H				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 about 5/1, 1953, to 5/14, 1953 , that I last saw the deceased alive on 5/11, 1953 , and that death occurred at 12:25A , from the causes and on the date stated above.							
23a. SIGNATURE James R. Amos (Degree or title) MD 0				23b. ADDRESS Greene County Court House Springfield, Missouri		23c. DATE SIGNED 5/16/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-17-53		24c. NAME OF CEMETERY OR CREMATORY Wesley Chapel Cemetery		24d. LOCATION (City, town, or county) (State) Greene County Mo.	
DATE REC'D BY LOCAL REG. 5/16/53		REGISTRAR'S SIGNATURE Deputy [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. KLINGNER & CO. Springfield, Mo.			

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

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.....
Signature of Student Embalmer

Signed.....
Max Roden

Licensed Embalmer No. 40

P. O. Address.....
Spring

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.