

No. 300
10.48

STANDARD CERTIFICATE OF DEATH

21013

State File No.

FILED JUN 29 1953

BIRTH NO. _____ REG. DIST. NO. 70 PRIMARY REG. DIST. NO. 5286 Registrar's No. 44

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

1. PLACE OF DEATH a. COUNTY <u>Clark</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clark</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Furay</u>		c. LENGTH OF STAY (in this place) <u>15 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Furay</u>		230
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wyaconda Sp.</u>			d. STREET ADDRESS (If rural, give location) <u>U</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Wilhelmina</u> b. (Middle) <u>Smith</u> c. (Last) <u>Smith</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-13-53</u>		
5. SEX <u>F. W.</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct. 25-1863</u>	9. AGE (In years last birthday) <u>89</u>	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>U</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>Albert Hopp</u>		13b. MOTHER'S MAIDEN NAME <u>Amelia Schutta</u>	14. NAME OF HUSBAND OR WIFE <u>Alexander Smith</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. <u>U</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mable Smith, Furay Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> 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 <u>6 weeks</u> <u>year</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>332x</u>				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) (Min.)	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 <u>May 2</u> , 19 <u>53</u> , to <u>June 13</u> , 19 <u>53</u> that I last saw the deceased alive on <u>June 10</u> , 19 <u>53</u> and that death occurred at <u>4A</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>L. E. Lowe, M.D.</u>		23b. ADDRESS <u>Memphis Mo</u>		23c. DATE SIGNED <u>6/26/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 15-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bethelham Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Clark Co. Missouri</u>		
DATE REC'D BY LOCAL REG. <u>6/26-53</u>	REGISTRAR'S SIGNATURE <u>J. H. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred Karle Kahala</u>	ADDRESS		

(Licensed Embalmer's Statement on Reverse Side)

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 Fred J. Karle

Licensed Embalmer No. 1023

P. O. Address Kahala 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.