

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21329**

FILED JUN 29 1953

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 593

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

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Crocker, Missouri	
c. LENGTH OF STAY (In this place) 5 days		d. STREET ADDRESS (If rural, give location) None 0850	
d. FULL NAME OF HOSPITAL OR INSTITUTION Burge Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) Sharon		b. (Middle) Kaye	
		c. (Last) Smith	
		4. DATE OF DEATH (Month) (Day) (Year) June 20, 1953	
5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH May 25, 1943	
9. AGE (In years last birthday) 10		IF UNDER 1 YEAR: Months _____ Days _____	
IF UNDER 2 WEEKS: Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	
11. BIRTHPLACE (State or foreign country) Crocker, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Guy Smith		13b. MOTHER'S MAIDEN NAME Alma Tucker	
14. NAME OF HUSBAND OR WIFE None			
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 Mr. Guy Smith		ADDRESS Crocker, Missouri	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ictero Remorrhagic Spirochetosis (Weiler Sickness) 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 Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 072X	
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 6-2-53 , to 6-20-53 , that I last saw the deceased alive on 6-20-53 , and that death occurred at 2:00 A. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Urban J. Besich M.D.		23b. ADDRESS Springfield, Mo	
23c. DATE SIGNED 6-22-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE June 20/53	
24c. NAME OF CEMETERY OR CREMATORY Crocker Cemetery		24d. LOCATION (City, town, or county) (State) Crocker, Missouri	
DATE REC'D BY LOCAL REG. 6-23-53		REGISTRAR'S SIGNATURE Ernest Williamson	
25. FUNERAL DIRECTOR'S SIGNATURE Walter P. Hedger		ADDRESS Crocker, Mo	

7-21-53 1953

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed Clarence Jones

Signed.....
Student Embalmer

Licensed Embalmer No. 4896

P. O. Address Waynesville, Ind

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.