

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21379

State File No. _____

FILED JUN 19 1953

BIRTH NO. _____ REG. DIST. NO. 136 PRIMARY REG. DIST. NO. 5499 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Lincoln</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Lincoln Twp</u>	
c. LENGTH OF STAY (in this place) <u>31</u>		d. STREET ADDRESS (If rural, give location) <u>0 41 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ESTHER</u> b. (Middle) <u>JANE</u> c. (Last) <u>SMITH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 26 1953</u>		
5. SEX <u>♀</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>never married</u>		8. DATE OF BIRTH <u>June 22, 1921</u> 9. AGE (in years) (last birthday) <u>31</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Mont. Spg., Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			

13a. FATHER'S NAME <u>Oliver Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Susie Potter</u>		14. NAME OF HUSBAND OR WIFE <u>none</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>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Susie Smith Hatfield</u> ADDRESS <u>Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Measles (Rubeola)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		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.		<u>Severe Malnutrition</u>		<u>lifetime</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>0850</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) <u>041</u>	
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 19 52, to May 26, 19 53, that I last saw the deceased alive on May 24, 53, and that death occurred at 6P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Frank B. Mattison MD</u>		23b. ADDRESS <u>Grant City, Missouri</u>		23c. DATE SIGNED <u>5-28-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-28-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lincoln Center</u>	
24d. LOCATION (City, town, or county) (State) <u>Harrison Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Arch C. Duffer</u> ADDRESS <u>Grant City</u>			
DATE REC'D BY LOCAL REG. <u>6-17-53</u>		REGISTRAR'S SIGNATURE <u>Florence C. Powell</u>			

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

No. 300
10.48
418

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 Arch C. Dingle

Licensed Embalmer No. 3252

P. O. Address Grant City, 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.