

STANDARD CERTIFICATE OF DEATH

State File No. **23555**

FILED JUN 16 1953

BIRTH NO. _____ REG. DIST. NO. **322** PRIMARY REG. DIST. NO. **3071** Registrar's No. **19**

971

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Mo. b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give township) Slater		c. CITY (If outside corporate limits, write RURAL and give township) Slater	
c. LENGTH OF STAY (in this place) 35 yrs		d. STREET ADDRESS (If rural, give location) 404 S. Emerson	
d. FULL NAME OF HOSPITAL OR INSTITUTION none			

3. NAME OF DECEASED (Type or Print) a. (First) Ollie b. (Middle) Smith c. (Last) Taylor			4. DATE OF DEATH (Month) (Day) (Year) June 6-1953	
5. SEX female		6. COLOR OR RACE negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Feb. 18-1880		9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months 3 Days 18	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Saline County, Mo.
12. CITIZEN OF WHAT COUNTRY? U S				

13a. FATHER'S NAME George Smith		13b. MOTHER'S MAIDEN NAME Mary Jane Ketin		14. NAME OF HUSBAND OR WIFE widow
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Marie Taylor, Slater, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		19. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 447X

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
i. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia		ANTECEDENT CAUSES		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) HYPERTENSION		
		DUE TO (c) ARTERIOSCLEROSIS		
ii. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. DIABETES MELLITUS		

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) SLATER SALINE MO	
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 **May 15, 1953**, to **June 5, 1953**, that I last saw the deceased alive on **June 5, 1953**, and that death occurred at **5:15 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE J. Nelson (Degree or title) M.D.		23b. ADDRESS 214 1/2 N. Main Slater, Mo.		23c. DATE SIGNED 6-6-53
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24a. BURIAL, CREMATION REMOVAL (Specify) Burial		24b. DATE 6/10/53		24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah		24d. LOCATION (City, town, or county) (State) Slater, Mo.	
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DATE REC'D BY LOCAL REG. 6/15/53		REGISTRAR'S SIGNATURE Dr. Carl O. Metz		25. FUNERAL DIRECTOR'S SIGNATURE Hill Brothers		ADDRESS Slater, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 6 1953

OCT 23 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Sam M Hill*

Licensed Embalmer No. *1292*

P. O. Address *Slater 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.