

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 30427

FILED AUG 31 1953

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7788

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 2259	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Pacific Hospital		e. STREET ADDRESS (If rural, give location) Jefferson Hotel 415 N. 12th St.	
3. NAME OF DECEASED (Type or Print) a. (First) BESSIE b. (Middle) ANNA c. (Last) Smith		4. DATE OF DEATH (Month) (Day) (Year) Aug. 7, 1953	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never	8. DATE OF BIRTH Aug. 14, 1881
9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	IF UNDER 15 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk	10b. KIND OF BUSINESS OR INDUSTRY Mo Pac	11. BIRTH PLACE (City and State or Foreign Country) Sedalia Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME William Smith		13b. MOTHER'S MAIDEN NAME Mary Smith	
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 ADDRESS Rockwell Mc Creight Houston Texas	
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) Atherosclerotic heart disease ANTECEDENT CAUSES (b) Gen. atherosclerosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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	
20. AUTOPSY? - YES <input type="checkbox"/> NO <input 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) 420.0	
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 April 19, 1943, to Aug 7, 1953, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:00 P.M., from the causes and on the date stated above.	
23a. SIGNATURE R. B. Harrison M.D.		23b. ADDRESS 607 No. Grand	
23c. DATE SIGNED 8-9-53		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 8-11-53		24c. NAME OF CEMETERY OR CREMATORY Local	
24d. LOCATION (City, town, or county) (State) Marissa, Illinois		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd	
DATE REC'D BY LOCAL REG. AUG 10 1953		REGISTRAR'S SIGNATURE Carl Smith M.D.	

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

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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 *Fred J. Tanner*

Licensed Embalmer No. *478*

P. O. Address *St. Louis*

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.