

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

39807

State File No.

FILED AUG 24 1953

BIRTH NO.		REG. DIST. NO. <u>381</u>		PRIMARY REG. DIST. NO. <u>4512</u>		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Sullivan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Milan</u>		c. LENGTH OF STAY (In this place) <u>8 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Milan</u>		1050/1	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sullivan County Memorial</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) <u>Florence</u>		a. (First)		b. (Middle) <u>Ella</u>		c. (Last) <u>Smith</u>	
4. DATE OF DEATH		(Month) <u>8</u>		(Day) <u>18</u>		(Year) <u>1953</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>3-12-1874</u>	
9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR <u>5</u> Days		IF UNDER 1 MIN. <u>6</u> Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>John E. Senate</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Hawkins</u>		14. NAME OF HUSBAND OR WIFE <u>Charles E. 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.		17. INFORMANT'S SIGNATURE OR NAME <u>Charles E. Smith</u> ADDRESS <u>Milan, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ca 1 uterine & metastatic</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) <u>Thrombocytopenia</u> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>4 weeks</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☒	
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>Milan Sullivan Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>8/2</u> , 19 <u>53</u> , to <u>8/18</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>8/18</u> , 19 <u>53</u> , and that death occurred at <u>4:08</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Joseph S. Magill, M.D.</u>		23b. ADDRESS <u>Milan, Mo.</u>		23c. DATE SIGNED <u>8/18/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-20-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakwood Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Milan - Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Aug. 21-1953</u>		REGISTRAR'S SIGNATURE <u>Mrs. H. B. Harris</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Samuel S. Harris</u>		ADDRESS <u>Milan - Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

10500

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 _____

Dwight Schreiner

Licensed Embalmer No. *2667*

P. O. Address *Mulan - 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.