

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42655**
Registrar's No. **4**

FILED JAN 4 1954

BIRTH NO. _____ REG. DIST. NO. **133** PRIMARY REG. DIST. NO. **3027**

1. PLACE OF DEATH a. COUNTY Harrison		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Clinton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bethany		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cameron	
c. LENGTH OF STAY (In this place) 5 years		d. STREET ADDRESS (If rural, give location) 0251 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) MARY	b. (Middle) V.	c. (Last) SMITH	4. DATE OF DEATH (Month) (Day) (Year) Dec. 28, 1953
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Sept. 23, 1864	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (State or foreign country) Richmond, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME George Bray	13b. MOTHER'S MAIDEN NAME Eliza (unknown)	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. -	17. INFORMANT'S SIGNATURE OR NAME Mrs. Alfred Davis, Bethany, Mo.	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH 4 1/2 hrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senile Changes 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 491 X	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) m.	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 **12-19, 1953**, to **12-20, 1953** that I last saw the deceased alive on **12-20, 1953**, and that death occurred at **7:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Gullent H. Thoen	(Degree or title) DO.	23b. ADDRESS Bethany, Mo.	23c. DATE SIGNED 12-31-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 31, 1953	24c. NAME OF CEMETERY OR CREMATORY Kirkley Chapel	24d. LOCATION (City, town, or county) (State) Harrison County, Mo.
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DATE REC'D BY LOCAL REG. 12/31/53	REGISTRAR'S SIGNATURE Zola Burris	25. FEDERAL DIRECTOR'S SIGNATURE Clark L. South	ADDRESS Bethany, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Clark L. Touch

Licensed Embalmer No. 4831

P. O. Address Bethany, 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.