

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43725

State File No.

FILED JAN 11 1954

BIRTH NO. _____ REG. DIST. NO. 246 PRIMARY REG. DIST. NO. 2001 Registrar's No. 14

0735

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

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>	
c. LENGTH OF STAY (In this place) <u>53 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>4208 Wall Street.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4208 Wall Street.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Minnie</u>	b. (Middle)	c. (Last) <u>Smith</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12-23-1953</u>
---	-------------	------------------------	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>9-26-1873</u>	9. AGE (In years last birthday) <u>80</u>	10. MONTHS <u>1</u>	11. DAYS <u>1</u>	12. HOURS <u>1</u>	13. MINUTES <u>0</u>
----------------------	-------------------------------	---	-----------------------------------	---	---------------------	-------------------	--------------------	----------------------

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 <u>Homemaking</u>	11. BIRTHPLACE (State or foreign country) <u>Nevada, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
--	---	---	---

13a. FATHER'S NAME <u>Tip McFarland</u>	13b. MOTHER'S MAIDEN NAME <u>Don't Know</u>	14. NAME OF HUSBAND OR WIFE <u>Nathan Deceased 1924</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>Orville Smith</u>	ADDRESS <u>4208 Wall St., Joplin, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH a. <u>33</u>
	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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	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 Dec 22, 1953, to Dec 23, 1953, that I last saw the deceased alive on Dec 22, 1953, and that death occurred at 9:50 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John W. Douglas M.D.</u>	23b. ADDRESS <u>210 West 32nd Joplin MO</u>	23c. DATE SIGNED <u>12/23/53</u>
--	---	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-26-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Saginaw Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Saginaw, Missouri</u>
---	-----------------------------	--	--

DATE REC'D BY LOCAL REG <u>12-28-53</u>	REGISTRAR'S SIGNATURE <u>W. S. Garner</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. S. Garner</u>	ADDRESS <u>W. S. Garner, 224 Hornhill-Dillon Mortuary, Joplin, Mo</u>
---	---	--	---

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. _____

District File Number 154-6

Date Filed 1/8/54

NEOSHO, MISSOURI

RECEIVED JAN 5 1954

Jasper County Health Office

County File Number _____

Date Filed JAN 5 1954

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Signed.....
Student Embalmer

Licensed Embalmer No.

P. O. Address _____

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.