

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43909**

FILED DEC 31 1953

BIRTH NO.		REG. DIST. NO. <b>278</b>		PRIMARY REG. DIST. NO. <b>5953</b>		Registrar's No. <b>149</b>					
1. PLACE OF DEATH a. COUNTY <b>Pike</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Pike</b>							
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Buffalo Twp</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <b>Bowling Green</b>		d. STREET ADDRESS (If rural, give section) <b>0820</b>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>HOLTE</b>											
3. NAME OF DECEASED a. (First) <b>FANNIE</b> (Type or Print)			b. (Middle) <b>JACKSON</b>		c. (Last) <b>SMITH</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov 28 1953</b>				
5. SEX <b>Female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (initials) <b>Never married</b>		8. DATE OF BIRTH <b>Dec 21 1881</b>		9. AGE (In years last birthday) If under 1 year: Months Day If under 1 hr.: Hours Min. <b>71 11 27</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Pike Co., Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>Mo</b>				
13a. FATHER'S NAME <b>James M. Smith</b>			13b. MOTHER'S MARRIEN NAME <b>Lucy Ann Harro</b>			14. NAME OF HUSBAND OR WIFE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Emily Smith Bowling Green</b>			ADDRESS <b>Mo</b>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic myocarditis</b> 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.				INTERVAL BETWEEN ONSET AND DEATH <b>5 years</b>			
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? <b>4222</b> YES <input type="checkbox"/> NO <input type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., to 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 <b>Oct 19, 1944</b> , to <b>Nov 3, 1953</b> , that I last saw the deceased alive on <b>Nov 20, 1953</b> , and that death occurred at _____ m., from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <b>James B. Briggs, M.D.</b>				23b. ADDRESS <b>Bowling Green, Mo</b>			23c. DATE SIGNED <b>12/10/53</b>				
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>Dec 2 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>North Creek</b>		24d. LOCATION (City, town, or county) (State) <b>Pike Co., Mo</b>					
DATE REC'D BY LOCAL REG <b>Dec 17, 1953</b>		REGISTRAR'S SIGNATURE <b>Bernice Collier</b>		FUNERAL DIRECTOR'S SIGNATURE <b>Wm. Darkhead</b>		ADDRESS <b>Bowling Green, Mo</b>					

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed Harold Kirk

Licensed Embalmer No. 4597

P. O. Address Samuel Green

**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.