

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1907**

FILED JAN 26 1954

BIRTH NO. _____ REG. DIST. NO. **175** PRIMARY REG. DIST. NO. **3036** Registrar's No. **7**

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) b. STATE Missouri c. COUNTY Barry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Aurora		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 306 Fourth St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Tettanhorst Nursing Home		d. STREET ADDRESS (If rural, give location) Monett, Mo.	

3. NAME OF DECEASED (Type or Print) a. (First) Margaret b. (Middle) Adams c. (Last) Smith	4. DATE OF DEATH (Month) (Day) (Year) 1-23-54
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Feb. 24, 1877	9. AGE (In years last birthday) 75	10. MONTHS 10	11. DAYS 29	12. IF UNDER 24 HRS. Hours 10 Min. 29
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (City and State or Foreign Country) Belgrade, Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Zenas Adams	13b. MOTHER'S MAIDEN NAME Sarah Woods	14. NAME OF HUSBAND OR WIFE Rev. C. M. Smith
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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 Mrs. L. M. Davidson, Monett, Mo.	ADDRESS Monett, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH 7 or 8 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar pneumonia.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility, arteriosclerosis 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 490X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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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
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22. I hereby certify that I attended the deceased from **Dec 1, 1953**, to **1-23, 1954**, that I last saw the deceased alive on **1-23, 1954**, and that death occurred at **7 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. Ethel C. Ross, D.O.	23b. ADDRESS 4190 Madison, Aurora, Mo.	23c. DATE SIGNED 1-24-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 25, 1954	24c. NAME OF CEMETERY OR CREMATORY Maple Wood Semetery	24d. LOCATION (City, town, or county) (State) Exeter, Mo.
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DATE REC'D BY LOCAL REG. 1-24-54	REGISTRAR'S SIGNATURE Osra Mc Natt	25. FUNERAL DIRECTOR'S SIGNATURE Mercer Funeral Home, Monett, Mo.	ADDRESS Monett, Mo.
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(Licensed Embalmers' Statement on Reverse Side)

No. 300
10.48

551
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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 _____

Roy H. Mercer

Licensed Embalmer No. 4432

P. O. Address Monett, 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.