

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 25 1954

BIRTH NO. _____ REG. DIST. NO. 201 PRIMARY REG. DIST. NO. 604 Registrar's No. _____

910

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

1. PLACE OF DEATH a. COUNTY <u>Ripley</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ripley</u>	
b. CITY OR TOWN <u>Rural - Sup # 25</u>	c. LENGTH OF STAY (In this place) <u>Life</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Sup # 25</u> <u>10910</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Reidner - Bennett Ho</u>		d. STREET ADDRESS (If rural, give location) <u>Bennett, Mo</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Alice</u>	b. (Middle) <u>CHARLOTTE</u>	c. (Last) <u>SHORT</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 5 1954</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	8. DATE OF BIRTH <u>Oct 19, 1876</u>	9. AGE (In years last birthday) <u>77</u>	10. MONTHS <u>2</u>	11. DAYS <u>16</u>	12. HOURS <u></u>	13. MIN. <u></u>
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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></u>	11. BIRTHPLACE (State or foreign country) <u>Carter County Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Nathan Smith</u>	13b. MOTHER'S MAIDEN NAME <u></u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</u>
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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) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. W.V. Buffington, Bennett Mo</u>	ADDRESS <u></u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u>		
	DUE TO (c) <u></u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u></u>	19b. MAJOR FINDINGS OF OPERATION <u></u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u></u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4201</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u></u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u></u>
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22. I hereby certify that I attended the deceased from 5 / 1 / 1949, to 1-5 / / 1954, that I last saw the deceased alive on 12 / 1 / 1954, and that death occurred at 2:20 p.m., from the causes and on the date stated above.

22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>Mo D</u>	22b. ADDRESS <u>Ripley Mo</u>	22c. DATE SIGNED <u>1-16-54</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>1-7-54</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Big BARRON Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Ripley Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>FEB 2 1954</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	23. FUNERAL DIRECTOR'S SIGNATURE <u>Colman McSpadden, Law Bureau</u>	ADDRESS <u></u>
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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.....

Allen C. McPherson

Signed.....

Student Embalmer

Licensed Embalmer No.

4543

P. O. Address.....

Van Buren, 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.