No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4372

BIRTH NO. FILED FEB 23 1954 REG. DIST. NO. 76 PRIMARY REG. DIST. NO. 5302 Registrar's No. 2

1. PLACE OF DEATH
a. COUNTY: Cole
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Clark Township
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Near Home in Pond.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cole
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Clark Township
d. STREET ADDRESS (If rural, give location): Near Home in Pond.

0260

3. NAME OF DECEASED (Type or Print)
a. (First): Erma
b. (Middle):
c. (Last): Smith

4. DATE OF DEATH (Month) (Day) (Year): Feb. 14, 1954

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 29, 1907
9. AGE (In years last birthday): 46 — If under 1 year: Months: 5 Days: 15 — 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: Own
11. BIRTHPLACE (City and State or Foreign Country): Elston, Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John Henry Melxcher
13b. MOTHER'S MAIDEN NAME: Hattie /Surface
14. NAME OF HUSBAND OR WIFE: Harry Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.:
17. INFORMANT'S ~~SIGNATURE~~ OR NAME: Harry Smith. **ADDRESS**: Henley RFD#1 Mo.

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.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Death by

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Drowning

DUE TO (c) Insanity

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

E975X

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Henley Route 1 Mo
21c. (CITY, TOWN, OR TOWNSHIP) Clark (COUNTY) Cole (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 2-14-1954 2 A m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Drowned in Pond

22. *I hereby certify that I attended the deceased from* 2-14, 1954, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* unk. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Coroner J. G. Bruce M.D.
23b. ADDRESS: 234 Madison Jefferson City Mo.
23c. DATE SIGNED: 2-15-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 16, 1954
24c. NAME OF CEMETERY OR CREMATORY: Riverview Cemetery
24d. LOCATION (City, town, or county) (State): Jefferson City, Mo.

DATE REC'D BY LOCAL REG.: Feb. 17, 1954
REGISTRAR'S SIGNATURE: Mrs. J. L. Glover
25. FUNERAL DIRECTOR'S SIGNATURE: Victor Buesche **ADDRESS**: Jefferson City Mo

(Licensed Embalmer's Statement on Reverse Side)

FEB 1952

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 ..... Signed Victor Buesche

Student Embalmer

Licensed Embalmer No. 3701

P. O. Address Jefferson City 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.