

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

9684

State File No. _____

BIRTH NO. FILED MAR 17 1954 REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5883 Registrar's No. 28

850

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

1. PLACE OF DEATH a. COUNTY Pulaski			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pulaski		
b. CITY (If outside corporate limits, write RURAL and give township) Waynesville, Rt. 2		c. LENGTH OF STAY (In this place) 8 yrs	c. CITY (If outside corporate limits, write RURAL and give township) Waynesville Rural Rt. 2		0850
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) HulDAH		b. (Middle) Jane	c. (Last) Smith	4. DATE OF DEATH (Month) (Day) (Year) March 5, 1954	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Oct. 28, 1882	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State, or Foreign Country) Debuca, Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William Smith		13b. MOTHER'S MAIDEN NAME Emma Mosier		14. NAME OF HUSBAND OR WIFE Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Anna Batten Waynesville, Rt. 2, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral arteriosclerosis 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 8 yrs
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 334 X			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) m.	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 <u>1951, 10</u> , to <u>March 4, 1954</u> , that I last saw the deceased alive on <u>Mar 4</u> , 19 <u>54</u> , and that death occurred at <u>3:20 P.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) R E Nusser M.D.		23b. ADDRESS Waynesville, Missouri		23c. DATE SIGNED 3/6/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/7/54	24c. NAME OF CEMETERY OR CREMATORY Memorial Cmtery	24d. LOCATION (City, town, or county) (State) Waynesville, Missouri		
DATE REC'D BY LOCAL REG. 3-6-54	REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL HOME OR SIGNATURE ADDRESS MO. Hodges Funeral Home, Waynesville		

Date Filed 3-13-54

File Number

Pulaski County Health Officer

RECEIVED 3-6-54

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 Clarence Shoss

Licensed Embalmer No. 4896

P. O. Address Waynesville, 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.