No. 300
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FILED APR 26 1954

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11289

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 397

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Joseph
c. LENGTH OF STAY (in this place) Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Buchanan 0117
c. CITY OR TOWN St. Joseph
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ] 0
e. STREET ADDRESS (If rural, give location) 2206 Bartlett St.

3. NAME OF DECEASED (Type or Print)
a. (First) MAGDELENE
b. (Middle)
c. (Last) SMITH

4. DATE OF DEATH (Month) April (Day) 11, (Year) 1954

5. SEX FeMale 1
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1
8. DATE OF BIRTH 9-5-1922
9. AGE (In years last birthday) 31 — IF UNDER 1 YEAR Months Days — 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 Home
11. BIRTHPLACE (City and State or Foreign Country) St. Joseph, Missouri 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Miles Wilson
13b. MOTHER'S MAIDEN NAME Effie Steeby
14. NAME OF HUSBAND OR WIFE Jess Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Jess Smith, 2206 Bartlett St. ADDRESS St. Joseph, 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) Acute Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: Ukn.

ANTECEDENT CAUSES — Aortic Regurgitation & Stenosis — "

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

DUE TO (b) Mitral Regurgitation & Stenosis — "

DUE TO (c) Generalized Cardiac Hypertrophy — "

II. OTHER SIGNIFICANT CONDITIONS — Trycuspid Insufficiency — Ukn.

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

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 410 X
20. AUTOPSY? YES [ ] NO [X]

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 [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-15, 1952, *to* 4-11, 1954, *that I last saw the deceased alive on* 4-11, 1954, *and that death occurred at* 4:45 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) 0 M.D.
23b. ADDRESS Tootle Building St. Joseph, Missouri
23c. DATE SIGNED 4-12-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4-13-1954
24c. NAME OF CEMETERY OR CREMATORY Savannah Cemetery
24d. LOCATION (City, town, or county) (State) Savannah, Missouri

DATE REC'D BY LOCAL REG. Apr. 19, 1954
REGISTRAR'S SIGNATURE Esther M. Allison 485 0
25. FUNERAL DIRECTOR'S SIGNATURE [signature] ADDRESS St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, ~~or by~~ ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 59

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.