

FILED MAY 11 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12777

| | | | | | | | |
|---|--|--|---|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>238</u> | | PRIMARY REG. DIST. NO. <u>4355</u> | | Registrar's No. <u>19</u> | |
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) | | | |
| a. COUNTY <u>NEW MADRID</u> | | b. CITY (If outside corporate limits, write RURAL and give town or township) <u>NEW MADRID</u> | | a. STATE <u>MISSOURI</u> | | b. COUNTY <u>NEW MADRID</u> | |
| c. LENGTH OF STAY (in this place) | | c. CITY (If outside corporate limits, write RURAL and give township) <u>NEW MADRID</u> | | d. STREET ADDRESS <u>121</u> | | d. FULL NAME OF HOSPITAL OR INSTITUTION | |
| 3. NAME OF DECEASED (Type or Print) | | | | 4. DATE OF DEATH (Month) (Day) (Year) | | | |
| a. (First) <u>CELIA</u> | | b. (Middle) | | c. (Last) <u>SMITH</u> | | May 3 1954 | |
| 5. SEX <u>F.</u> | | 6. COLOR OR RACE <u>WHITE</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u> | | 8. DATE OF BIRTH <u>AUG 6, 1882</u> | |
| 9. AGE (In years last birthday) <u>71</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>BELLVILLE, ILL.</u> | |
| 10a. | | 10b. | | 11. | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>JOHN BEAHER</u> | | | 13b. MOTHER'S MAIDEN NAME <u>AGNES MARIE MECTONS</u> | | | 14. NAME OF HUSBAND OR WIFE <u>WILLIAM HAMPTON SMITH</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No.</u> | | 16. SOCIAL SECURITY NO. <u>No.</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ray Smith, New Madrid, Mo.</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | | | MEDICAL CERTIFICATION | | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Hemorrhage</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>20 min</u> | | | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | | | ANTECEDENT CAUSES | | | |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | | DUE TO (b) <u>Metastatic Carcinoma of Lungs</u> <u>2 months</u> | | | |
| | | | | DUE TO (c) <u>Primary Carcinoma of Liver</u> <u>8 months</u> | | | |
| II. OTHER SIGNIFICANT CONDITIONS | | | | Conditions contributing to the death but not related to the disease or condition causing death. <u>none apparent</u> | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | <u>155 X</u> | |
| 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>3-2-</u> , 19 <u>54</u> , to <u>5-2-</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>5-2-</u> , 19 <u>54</u> , and that death occurred at <u>9:20</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>James O. Cameron, D.O.</u> | | | | 23b. ADDRESS <u>Box F. Mainer - Mo</u> | | 23c. DATE SIGNED <u>5-7-54</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>MAY 7, 1954</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>EVERGREEN CEMETERY</u> | | 24d. LOCATION (City, town, or county) (State) <u>NEW MADRID, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>5/8/54</u> | | REGISTRAR'S SIGNATURE <u>Nelson L. Jones</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Richard's Undert.</u> | | ADDRESS <u>New Madrid, Mo.</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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 Thomas L. Roberts

Licensed Embalmer No. 4886

P. O. Address New Madrid, 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.