

FILED APR 27 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 14703

BIRTH NO. _____		REG. DIST. NO. 358		PRIMARY REG. DIST. NO. 6214		Registrar's No. 6	
1. PLACE OF DEATH a. COUNTY Vernon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Vernon			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clearcreek		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Clearcreek Tps.		108 <sup>0</sup> 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Routel Harwood				d. STREET ADDRESS (If rural, give location) Rural R. 1, Harwood			
3. NAME OF DECEASED (Type or Print) a. (First) Martha b. (Middle) A c. (Last) Smart			4. DATE OF DEATH (Month) (Day) (Year) April 18 1954				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH July 12, 1864	
9. AGE (In years last birthday) 89		10. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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)		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Moses Busee		13b. MOTHER'S MAIDEN NAME Esther Grimes		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joe Dodson, R. 1, Harwood, 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) <u>Myocarditis chronic</u> 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
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None		4222		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.) None		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) None			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? None			
22. I hereby certify that I attended the deceased from 1-5, 1954 to 4-16, 1954, that I last saw the deceased alive on 4-16, 1954, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) J. O. Richardson M.D.				23b. ADDRESS Tiffin Mo.		23c. DATE SIGNED 4-21-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-22-54		24c. NAME OF CEMETERY OR CREMATORY Mt. Vernon Cemetery		24d. LOCATION (City, town, or county) (State) R. 1 Harwood, Mo.	
DATE REC'D BY LOCAL REG. April 21-54		REGISTRAR'S SIGNATURE Bliss B. Daily 463-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gwinn-Carothers, El Dorado Springs, Mo.			

(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 Floyd E. Carstensen

Licensed Embalmer No. 4419

P. O. Address Edwards Spring

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.