

FILED MAY 17 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15459**

|  |                               |  |   |  |  |   |   |
|--|-------------------------------|--|---|--|--|---|---|
| BIRTH NO. _____  |                               | REG. DIST. NO. <b>116</b>  |   | PRIMARY REG. DIST. NO. <b>3020</b>   |  | Registrar's No. <b>76</b>   |   |
| 1. PLACE OF DEATH<br>a. COUNTY <b>Franklin</b>   |                               |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Gasconade</b> |  |   |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Washington</b>   |                               | c. LENGTH OF STAY (In this place) <b>5 days</b>  |   | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Owensville, Mo.</b>  |  | <b>2370</b>   |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Francis Hospital</b>  |                               |  |   | d. STREET ADDRESS (If rural, give location) <b>402 E. Monroe</b>   |  |   |   |
| 3. NAME OF DECEASED<br>a. (First) <b>Marie</b>   |                               |  | b. (Middle) <b>D.</b>                           |  | c. (Last) <b>Smith</b>                           |   | 4. DATE OF DEATH (Month) (Day) (Year) <b>May 11, 1954</b> |
| 5. SEX <b>female</b>   | 6. COLOR OR RACE <b>white</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>  |   | 8. DATE OF BIRTH <b>August 5, 1870</b>   | 9. AGE (In years last birthday) <b>83</b>        | IF UNDER 1 YEAR Months Days Hours Min.  |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housework</b>   |                               | 10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>  |   | 11. BIRTHPLACE (City and State or Foreign Country) <b>Red Bird, Mo.</b>  |  | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b>   |   |
| 13a. FATHER'S NAME <b>Christian P. Anderson</b>  |                               |  | 13b. MOTHER'S MAIDEN NAME <b>Anna C. Jessen</b> |  | 14. NAME OF HUSBAND OR WIFE <b>Jackson Smith</b> |   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>   |                               | 16. SOCIAL SECURITY NO. <b>none</b>  |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Edgar E. Smith Owensville, Mo.</b>  |  |   |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia</b><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Congestive Heart Failure</b><br>DUE TO (c) <b>Arteriosclerosis, Advanced</b> |   |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>8 days</b><br><br><b>1 yr.</b><br><br><b>1 yr.</b> |   |
| 19a. DATE OF OPERATION <b>none</b>   |                               | 19b. MAJOR FINDINGS OF OPERATION   |   |  |  | 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) (Min.)   |                               | 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 <b>5-4</b> , 19 <b>54</b> , to <b>5-11</b> , 19 <b>54</b> , that I last saw the deceased alive on <b>5-11</b> , 19 <b>54</b> , and that death occurred at <b>11:50 a.m.</b> , from the causes and on the date stated above. |                               |  |   |  |  |   |   |
| 23a. SIGNATURE (Name or title) <b>Paul J. Brines, M.D.</b>   |                               |  |   | 23b. ADDRESS <b>Owensville, Mo.</b>  |  | 23c. DATE SIGNED <b>5-13-54</b>   |   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>  |                               | 24b. DATE <b>5-14-1954</b>   |   | 24c. NAME OF CEMETERY OR CREMATORY <b>City Cemetery</b>  |  | 24d. LOCATION (City, town, or county) (State) <b>Owensville, Mo.</b>                      |   |
| DATE REC'D BY LOCAL REG. <b>5/13/54</b>  |                               | REGISTRAR'S SIGNATURE <b>J.P. Hoffman</b>  |   | 25. FUNERAL DIRECTOR'S SIGNATURE <b>McLind N. White</b>  |  | ADDRESS <b>OWENSVILLE</b>   |   |

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

DEC 13 1959

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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Melvin H H Winter

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE, TN

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.