

FILED JUL 12 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18699

REG. DIST. NO. 136 PRIMARY REG. DIST. NO. 5501 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Washington</u> - township)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Washington</u> 20410	
c. LENGTH OF STAY (in this place) <u>58 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>5 mile south of Hatfield</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 mile south of Hatfield</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>ELLEN</u> c. (Last) <u>Smith</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 7 1954</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept 8 1874</u>
9. AGE (In years last birthday) <u>79</u>		MONTHS <u>7</u>	DAYS <u>6</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>House Wife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Harrison County MO</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Jacob Lippencott</u>	
13b. MOTHER'S MAIDEN NAME <u>Lucinda Davis</u>		14. NAME OF HUSBAND OR WIFE <u>Fred J Smith</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>✓</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Fred J Smith Martinsville Mo</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemiplegia</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>3'3 1/2" x'</u>	
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 <u>June 15, 1954</u> , to <u>July 7, 1954</u> , that I last saw the deceased alive on <u>June 7, 1954</u> , and that death occurred at <u>3:06 am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>R. L. Green</u> (Degree or title) <u>D.O.A.</u>		23b. ADDRESS <u>New Hampton Mo</u>	
23c. DATE SIGNED <u>7-7-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 8 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wesley Chapel</u>	24d. LOCATION (City, town, or county) (State) <u>Harrison County MO</u>
DATE REC'D BY LOCAL REG. <u>July 8-1954</u>	REGISTRAR'S SIGNATURE <u>Florence C. Powell</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W H Noble &amp; son New Hampton Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

04110

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 W. S. Noble

Licensed Embalmer No. 2904

P. O. Address New Hampton MS

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.