

FILED SEP 1 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26144

BIRTH NO. 54351-54 REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 238

1. PLACE OF DEATH a. COUNTY ADAIR		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY SHELBY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WARTSVILLE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CHARENCE 10 20	
c. LENGTH OF STAY (in this place) 2 1/2 Hrs		d. STREET ADDRESS (If rural, give location) CHARENCE RFD #1	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION TIRKSUNG OSTEOPATHIC HOSP			
3. NAME OF DECEASED (Type or Print) a. (First) WANDA b. (Middle) RECILE c. (Last) SMITH			4. DATE OF DEATH (Month) (Day) (Year) AUG 24 1954
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) BADY	8. DATE OF BIRTH AUG 21, 1954
9. AGE (In years last birthday) 3 days	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BADY	10b. KIND OF BUSINESS OR INDUSTRY BADY	11. BIRTHPLACE (State or foreign country) MO MAGON COUNTY MS
12. CITIZEN OF WHAT COUNTRY?	13a. FATHER'S NAME RECILE SMITH	13b. MOTHER'S MAIDEN NAME DEDDIE RILEY	14. NAME OF HUSBAND OR WIFE INFANT
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NO	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Cecil Smith Charence 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, ashenia, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal broncho pneumonia			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) Relaxation of heart & lungs DUE TO (c) anoxia, resulting from immaturity of brain stem			
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 776 x	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Minute)	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 8-23 , 19 54 , to 8-24 , 19 54 , that I last saw the deceased alive on 8-23 , 19 54 , and that death occurred at 7:50 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) William C. Kelly D.O.		23b. ADDRESS Wartsville, Osteopathic Hosp	23c. DATE SIGNED 8-24-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-25-54	24c. NAME OF CEMETERY OR CREMATORY WAGON CEMETERY	24d. LOCATION (City, town, or county) (State) SHELBY MO
DATE REC'D BY LOCAL REG. 8-24-54	REGISTRAR'S SIGNATURE Kate Lambert	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Charles V. Steeney Charence MO	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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

Charles V. Green

Licensed Embalmer No. 4625

P. O. Address Greene W

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

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