

FILED AUG 23 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26778

BIRTH NO.		REG. DIST. NO. 118		PRIMARY REG. DIST. NO. 4188		Registrar's No. 38	
1. PLACE OF DEATH a. COUNTY Gasconade				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Gasconade			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Owensville		c. LENGTH OF STAY (in this place) lifelong		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Owensville		d. STREET ADDRESS (If rural, give location) 506 W. Madison 0370	
3. NAME OF DECEASED (Type or Print) a. (First) Eudora b. (Middle) Elizabeth c. (Last) Smith				4. DATE OF DEATH (Month) (Day) (Year) 8-15-1954			
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH March 15, 1873 81	
9. AGE (In years last birthday)		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (City and State or Foreign Country) Cleavesville, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Richard White		13b. MOTHER'S MAIDEN NAME Henrietta Noonan		14. NAME OF HUSBAND OR WIFE Scipio Americus Smith	
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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Pearl Buchholz Owensville, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Arrest ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Medullary Paralysis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Hemorrhage				INTERVAL BETWEEN ONSET AND DEATH 1Mo. 4days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 352X				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)		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 July 11, 1954, to Aug. 15, 1954, that I last saw the deceased alive on Aug. 15, 1954, and that death occurred at 5:30p m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) H. M. Liddle D.O.				23b. ADDRESS Bland, Missouri		23c. DATE SIGNED 8/18/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-18-1954		24c. NAME OF CEMETERY OR CREMATORY Catholic Cemetery		24d. LOCATION (City, town, or county) (State) Owensville, Mo.	
DATE REC'D BY LOCAL REG. August 19, 1954		REGISTRAR'S SIGNATURE Mrs. Marvin Jappmeier 493		25. FUNERAL DIRECTOR'S SIGNATURE Melvin H. Winter		ADDRESS OWENSVILLE	
(Licensed Embalmer's Statement on Reverse Side)							

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

JAN 12 1955

SEP 14 1954

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 Myford H. H. Winters

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE

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.