

FILED AUG 16 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27989**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **156** PRIMARY REG. DIST. NO. **2001** Registrar's No. **379**

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JOPLIN</b>	c. LENGTH OF STAY (in this place) <b>6 DAYS</b>	c. CITY OR TOWN <b>JOPLIN</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. JOHN'S HOSPITAL</b>		e. STREET ADDRESS (If rural, give location) <b>2726 WALL ST. 04950</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>MOLLIE</b>	b. (Middle)	c. (Last) <b>SMITH</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>JULY 31, 1954</b>
---	-------------	------------------------	---

5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>DEC. 2, 1879</b>	9. AGE (In years last birthday) <b>74</b>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours Min.
-----------------	---------------------------	---	--------------------------------------	---	------------------------	----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>HOMEMAKING</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>JOPLIN, MO.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
--	---	---	--

13a. FATHER'S NAME <b>A. P. MASON</b>	13b. MOTHER'S MAIDEN NAME <b>UNK</b>	14. NAME OF HUSBAND OR WIFE <b>HARRY 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.	17. INFORMANT'S SIGNATURE OR NAME <b>HARRY SMITH</b> ADDRESS <b>2726 WALL ST., JOPLIN</b>
---	-------------------------	---

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Peritonitis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Abdominal tumor rupture. (Site unknown)</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Heart failure (Hypertension 3 yrs)</b>			

19a. DATE OF OPERATION	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) m.	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 **7/11, 1954**, to **7/31, 1954** that I last saw the deceased alive on **7/30, 1954** and that death occurred at **7:10** m., from the causes and on the date stated above.

23a. SIGNATURE <b>H. K. Williams M.D.</b> (Degree or title)	23b. ADDRESS <b>718 FRISCO Bldg. Joplin</b>	23c. DATE SIGNED <b>8/12/54</b> (State)
---	---	---

24a. BURIAL, CREMATION REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>8-2-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>FOREST PARK CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>JOPLIN, MISSOURI</b>
--	-------------------------	--	---

DATE REC'D BY LOCAL REG. <b>8-3-54</b>	REGISTRAR'S SIGNATURE <b>James 138</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>STEVE PARKER MORTUARY, JOPLIN, MO.</b> ADDRESS
--	--	--

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

RECEIVED AUG 13 19  
Jasper County Health Office  
County File Number 54-8-6  
Date Filed AUG 13 19

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.....  
Signature of Student Embalmer

Signed *F. M. Jones*.....

Licensed Embalmer No. *231*.....

P. O. Address *Joplin*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.