

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29964

State File No. \_\_\_\_\_

FILED OCT 13 1954

BIRTH NO. _____		REG. DIST. NO. <u>44</u>		PRIMARY REG. DIST. NO. <u>5146</u>		Registrar's No. <u>30</u>	
1. PLACE OF DEATH a. COUNTY <b>Caldwell</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Caldwell</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-Davis Twp.</b>		c. LENGTH OF STAY (in this place) <b>10 yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-Davis Twp.</b>		d. STREET ADDRESS (If rural, give location) <b>Braymer, Mo.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1 mi. SE Braymer, Mo.</b>				d. STREET ADDRESS (If rural, give location) <b>Braymer, Mo.</b>			
3. NAME OF DECEASED a. (First) <b>ELIZABETH</b>			b. (Middle) <b>A.</b>		c. (Last) <b>SMITH</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>10/2/1954</b>
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>		8. DATE OF BIRTH <b>9/9/1866</b>	9. AGE (In years last birthday) <b>88</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housekeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>retired</b>		11. BIRTHPLACE (State or foreign country) <b>England</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Richard Mutton</b>			13b. MOTHER'S MAIDEN NAME <b>Elizabeth Traunce</b>		14. NAME OF HUSBAND OR WIFE <b>Samuel R. Smith</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Michael Lorette, Braymer, Mo.</b> ADDRESS _____			
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) <b>Cerebral Thrombosis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral arteriosclerosis</b> DUE TO (c) <b>Generalized arteriosclerosis</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>fracture of Right clavicle</b>					INTERVAL BETWEEN ONSET AND DEATH <b>4 weeks</b> <b>many years</b> <b>many years</b> <b>9 weeks</b>
19a. DATE OF OPERATION <b>none</b>		19b. MAJOR FINDINGS OF OPERATION <b>332X F</b>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Rural Davis Twp. Caldwell Missouri</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Aug. 13, 1954 7A.m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>fell down cellar steps</b>			
22. I hereby certify that I attended the deceased from <b>Aug. 25, 1952</b> , to <b>Oct. 21, 1954</b> , that I last saw the deceased alive on <b>Oct. 2, 1954</b> , and that death occurred at <b>3:30 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>D. F. Goldberg M.D.</b> (Degree or title)				23b. ADDRESS <b>Braymer, Mo.</b>		23c. DATE SIGNED <b>10/4/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>10/4/1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Plymouth cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Braymer, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>10-9-54</b>		REGISTRAR'S SIGNATURE <b>Mrs. Ruth Ann Zippert</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Gen. Michael Braymer, Mo.</b> ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10. 48

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

*Geneb. Michael*

Licensed Embalmer No.

*4340*

P. O. Address

*Braymer, Mo.*

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.