

FILED NOV 8 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33264

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>5-2</u>		PRIMARY REG. DIST. NO. <u>3009</u>		Registrar's No. <u>72</u>	
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>CAPE GIR.</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jackson</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JACKSON, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>118 MONROE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>118 MONROE</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>VERA</u>		b. (Middle) <u>RUTH</u>		c. (Last) <u>SMITH</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>OCT 22 1954</u>		5. SEX <u>FE.</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>JAN 10, 1924</u>		9. AGE (In years last birthday) <u>30</u>		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) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>FORREST GROVE, OREGON U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>EDWARD SPOONER</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>GLENARD SMITH</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Glenard Smith Jackson</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION					
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA OF UTERINE CERVIX</u>		INTERVAL BETWEEN ONSET AND DEATH <u>14 MOS.</u>					
ANTECEDENT CAUSES		DUE TO (b) _____					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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>171X</u>				20. AUTOPSY? YES <input 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) (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>Aug</u> , 19 <u>53</u> , to <u>Oct 22</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Oct 21</u> , 19 <u>54</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J. N. Jager, M.D.</u>				23b. ADDRESS <u>Jackson, Mo</u>		23c. DATE SIGNED <u>Oct 25, 1954</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Oct 24, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Purcell Heights</u>		24d. LOCATION (City, town, or county) (State) <u>Jackson, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Oct 27-54</u>		REGISTRAR'S SIGNATURE <u>D. S. Libb 43</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>L. C. Croust Jackson, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 1 1 1956

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 Gene C. Crawford

Licensed Embalmer No. 4327

P. O. Address Jackson, Miss.

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.