

FILED OCT 25 1954

STANDARD CERTIFICATE OF DEATH

State File No. **33691**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 3022 Registrar's No. 101

1. PLACE OF DEATH a. COUNTY <b>Harrison</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Worth</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Bethany</b>		c. LENGTH OF STAY (In this place) <b>8 days</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Reid Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>1130 1</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Josephine M</b> b. (Middle) <b>Morgan</b> c. (Last) <b>Smith</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 7, 1954</b>		
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5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Sept. 7, 1876</b>		9. AGE (In years last birthday) <b>78</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Mins. _____	
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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>Own Home</b>			11. BIRTHPLACE (City and State or Foreign Country) <b>Grant City, Missouri</b>			12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>		
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13a. FATHER'S NAME <b>Joseph Morgan</b>			13b. MOTHER'S MAIDEN NAME <b>Katherine Trump</b>			14. NAME OF HUSBAND OR WIFE <b>Walter M. Smith</b>		
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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. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Gilbert Gladstone - Grant City, Missouri</b>			
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Medullary Paralysis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>cerebral Embolism</b> DUE TO (c) <b>aneurism of Right carotid artery</b> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Infarct (Embolic) of Right Lung.</b>						INTERVAL BETWEEN ONSET AND DEATH <b>7 DAYS</b> <b>4 MO.</b> <b>10 DAYS</b>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>152X</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from JANUARY, 1953, to OCT 7, 1954, that I last saw the deceased alive on OCT 3, 1954, and that death occurred at 4:25 AM., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Richard J. Smith, M.D.</b>		23b. ADDRESS <b>Grant City, Mo</b>		23c. DATE SIGNED <b>OCT 8, 1954</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>		24b. DATE <b>Oct 9, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Grant City Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Grant City, Missouri</b>	
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DATE REC'D BY LOCAL REG. <b>10/18/54</b>		REGISTRAR'S SIGNATURE <b>Zola Burris</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Bill Dunfee Grant City</b>	
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WRITE PLAINLY—USING UNFAADING 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 Bill A. Duffee

Licensed Embalmer No. 49108

P. O. Address Grant City, 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.