

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36718

FILED NOV 30 1954

State File No.

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 327

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton</u>		c. CITY OR TOWN <u>Fulton</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>10 yrs</u>		e. STREET ADDRESS (If rural, give location) <u>832 Grand</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>832 Grand (Home)</u>		01493 0	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Clara</u> b. (Middle) <u>Ann</u> c. (Last) <u>Smith</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov-26 1954</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct-24-1874</u>
9. AGE (In years last birthday) <u>80</u>		# UNDER 1 YEAR <u>1</u> Months	# UNDER 1 MIN. <u>2</u> Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Washington, Illinois</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Robert Ritchie</u>	
13b. MOTHER'S MAIDEN NAME <u>Kezziah Gray</u>		14. NAME OF HUSBAND OR WIFE <u>J. Fred Smith</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>J. Fred Smith, 832 Grand Fulton, Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 minutes</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES DUE TO (b) <u>arteriosclerotic heart disease</u> <u>2-3 years</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Permeious anemia</u> <u>4 years</u>	
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>4200</u>	
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 <u>May 25</u> , 1952, to <u>November 26</u> , 1954, that I last saw the deceased alive on <u>Nov. 11</u> , 1954, and that death occurred at <u>3:50 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Patricia J. Lawler, M.D.</u>		23b. ADDRESS <u>607 Court St., Fulton, Mo.</u>	
23c. DATE SIGNED <u>11/27/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov-28-1954</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Central Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>3 Mi, W Fulton Mo</u>	
DATE REC'D BY LOCAL REG. <u>Nov-27-1954</u>		REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u> <u>426</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>Wallace Funeral Home, Fulton, Mo.</u>		ADDRESS <u>Fulton, Mo.</u>	

WRITE PLAINLY—USING UNFADING 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.....
Signature of Student Embalmer

Signed *Daniel C. Browning*.....

Licensed Embalmer No. *272*

P. O. Address *Fulton, N.Y.*

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.