

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **741**

FILED JAN 19 1955

BIRTH MO. _____ REG. DIST. NO. **114** PRIMARY REG. DIST. NO. **4186** Registrar's No. **4**

1. PLACE OF DEATH a. COUNTY FRANKLIN 1		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY FRANKLIN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SULLIVAN		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SULLIVAN 0361	
c. LENGTH OF STAY (in this place) 15 YRS		d. STREET ADDRESS (If rural, give location) 400 W. MAPLE 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION HOME			

3. NAME OF DECEASED (Type or Print) MARY VIRGINIA (JENNIE) SMITH	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) JAN 13 1955
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JULY 29, 1872	9. AGE (In years last birthday) 82	10. MONTHS 5	11. DAYS 14	12. HOURS 	13. MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY 	11. BIRTHPLACE (State or foreign country) FRANKLIN COUNTY, MO	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME WILLIAM BACON	13b. MOTHER'S MAIDEN NAME ELIZA BELL	14. NAME OF HUSBAND OR WIFE JOSEPH SMITH
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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) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ALVAH BAKER	ADDRESS SULLIVAN, MO
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 24 HRS
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	11. 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 331X	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) m.	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 **June 1944** to **Jan 13, 1955**, that I last saw the deceased alive on **Jan 13, 1955**, and that death occurred at **2:00 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE John A. DeLoach (Degree or title)	23b. ADDRESS Sullivan, Mo.	23c. DATE SIGNED 1/14/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JAN 15, 1955	24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. CEMETERY SULLIVAN	24d. LOCATION (City, town, or county) (State) Mo.
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DATE REC'D BY LOCAL REG. 1-14-55	REGISTRAR'S SIGNATURE Thomas G. Humphrey 496-0	25. FUNERAL DIRECTOR'S SIGNATURE H. W. Eaton	ADDRESS Sullivan, Mo.
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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
Student Embalmer

Signed J. A. Humphrey

Licensed Embalmer No. 4772

P. O. Address Sullivan, 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.