

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 29 1955

State File No.

BIRTH NO. _____ REG. DIST. NO. 295 PRIMARY REG. DIST. NO. 4449 Registrar's No. 121

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u> <u>OK</u>	
b. CITY OR TOWN <u>Huntsville</u> /	c. LENGTH OF STAY (in this place) township) <u>6 weeks</u>	c. CITY OR TOWN <u>Huntsville</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <u>d</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>home of Flora Althouse</u>		STREET ADDRESS (If rural, give location) <u>Don't know</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Stella</u>	b. (Middle) <u>Florence</u>	c. (Last) <u>Smith</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 19 1955</u>
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5. SEX <u>female</u>	6. COLOR OR RACE <u>negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed 2</u>	8. DATE OF BIRTH <u>August 19, 1891</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 14 HRS. Hours _____ Min. _____
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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>Portland, Missouri</u> <u>0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Mac Poston</u>	13b. MOTHER'S MAIDEN NAME <u>Charity ?</u>	14. NAME OF HUSBAND OR WIFE <u>William Smith</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no none</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Herbert H. Richardson:R#3:Huntsville, Mo.</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>INANITION AND DEBILITATION</u>		<u>6 WK</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CARCINOMATOSIS</u> DUE TO (c) <u>PRIMARY CARCINOMA OF CERVIX UTERI</u>		<u>6 MO</u> <u>1 YR.</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 _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>171 X</u>
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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) _____	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 9-20-54, 1954, to 3-19-55, 1955, that I last saw the deceased alive on 3-15-55, 1955, and that death occurred at 2:30pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Morris C. Gply DA 2</u>	23b. ADDRESS <u>Huntsville Mo</u>	23c. DATE SIGNED <u>3-20-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>3-21-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Huntsville Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Huntsville, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Mar. 23-55</u>	REGISTRAR'S SIGNATURE <u>Mary H Bentley</u> <u>482</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J.B. Patton & Sons, Huntsville, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0.300
0.48

NOV 22 1955

5561 86 III

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 *Paul J. Patton*

Licensed Embalmer No. *409*

P. O. Address *Huntwell*

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.