

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17973**

FILED JUL 5 - 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **5/86** Registrar's No. **270**

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau Mo</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). STATE <b>Missouri</b> b. COUNTY <b>Cape Girardeau</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Cape Girardeau</b>	c. LENGTH OF STAY (In this place) <b>78 yrs</b>	c. CITY OR TOWN <b>Near Oriol</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Family Home, Opelika #1</b>		• STREET ADDRESS (If rural, give location) <b>Rural #1 Near Oriol Mo</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Stella</b> b. (Middle) <b>Belle</b> c. (Last) <b>Smith</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June, 28, 1955</b>	
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>Dec. 18, 1876</b>
9. AGE (In years, last birthday) <b>78</b>		IF UNDER 1 YEAR Months <b>6</b> Days <b>10</b>	IF UNDER 11 HRS. Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Work</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Same</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Oriol Mo</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			

13a. FATHER'S NAME <b>Mathis Edwards</b>	13b. MOTHER'S MAIDEN NAME <b>Amanda Allen</b>	14. NAME OF HUSBAND OR WIFE <b>Lenrious Smith (Deac.)</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 <b>Chester Smith</b> ADDRESS <b>Cape Girardeau Mo</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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Diabetes mellitus</b>		<b>15 yrs</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Atherosclerosis</b>			<b>20 yrs</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>260X</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) (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 **6-27, 1955**, to **6-27, 1955**, that I last saw the deceased alive on **6-27, 1955**, and that death occurred at **1:50 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>J. N. Jaeger MD</b>	23b. ADDRESS <b>Jackson Mo</b>	23c. DATE SIGNED <b>6-30-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>6/30/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Pleasant Hill Cent</b>	24d. LOCATION (City, town, or county) (State) <b>Fruitland Mo</b>
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DATE REC'D BY LOCAL REG. <b>7-1-55</b>	REGISTRAR'S SIGNATURE <b>C. C. Summers</b>	44-0	25. FUNERAL DIRECTOR'S SIGNATURE <b>L. L. Haman</b> ADDRESS <b>Cape Girardeau Mo</b>
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10-48

**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 *J. J. Hansen*.....

Licensed Embalmer No...2863.

P. O. Address Capa..Girarde

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.