

THE DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATHState File No. **25873**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **755**

1. PLACE OF DEATH a. COUNTY <b>Greene</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>					
b. CITY OR TOWN <b>Springfield</b>		c. LENGTH OF STAY (In this place) <b>Two 10mo</b>		c. CITY OR TOWN <b>Springfield</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>519 Cherry (HARRISON' NURSING HOME)</b>				f. STREET ADDRESS (If rural, give location) <b>2103 N. Taylor</b>					
3. NAME OF DECEASED (Type or Print) <b>ESTELLA MAY SMITH</b>			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH <b>August 27, 1955</b>		4. DATE OF DEATH (Month) (Day) (Year)		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>2 March 1878</b>		9. AGE (In years last birthday) <b>77</b>		IF UNDER 1 YEAR Months Days			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>Daniel Brown</b>			13b. MOTHER'S MAIDEN NAME <b>Naomi Crain</b>			14. NAME OF HUSBAND OR WIFE <b>Deceased</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Dan Smith</b>		ADDRESS <b>Springfield, Mo.</b>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary-Renal Vasculer Disease</b>				INTERVAL BETWEEN ONSET AND DEATH <b>NOT KNOWN</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>442X</b>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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 <b>1-10</b> , 19 <b>51</b> , to <b>8-27</b> , 19 <b>55</b> , that I last saw the deceased alive on <b>10-23</b> , 19 <b>55</b> , and that death occurred at <b>2:00A.M.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>[Signature]</b>				23b. ADDRESS <b>1711 Boonville Springfield, Missouri</b>		23c. DATE SIGNED <b>8-31-55</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>8-29-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Bass Chapel Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Greene County, Missouri</b>			
DATE REC'D BY LOCAL REG. <b>8-1-55</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b> ADDRESS <b>Springfield, Mo.</b>					

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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.....

Licensed Embalmer No.....

P. O. Address.....

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.