No. 300
10-48

FILED MAR 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8660

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 88

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Washington
c. LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Francis Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Gasconade
c. CITY OR TOWN: Owensville
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 305 N. First St.

0370

3. NAME OF DECEASED (Type or Print): a. (First) Lillie b. (Middle) Eva c. (Last) Smith

4. DATE OF DEATH (Month) (Day) (Year): March 17, 1956

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 6-19-1893
9. AGE (In years last birthday): X 62 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Back Shoe Lady
10b. KIND OF BUSINESS OR INDUSTRY: Shoe Factory
11. BIRTHPLACE (City and State or Foreign Country): Tea, Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Leroy Robinson
13b. MOTHER'S MAIDEN NAME: Victoria Shelton
14. NAME OF HUSBAND OR WIFE: Emmet Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): **
16. SOCIAL SECURITY NO.: 491-24-1989
17. INFORMANT'S SIGNATURE OR NAME: Emmet Smith — ADDRESS: Owensville, Mo.

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) Left Hemiplegia - Embolus — INTERVAL BETWEEN ONSET AND DEATH: 4 dys

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pneumonia - Left upper lobe — 2 dys
DUE TO (c) Fracture thru neck of left femur — 4 dys

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 334 x F
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-13, 1956, *to* 3-17, 1956, *that I last saw the deceased alive on* 3-16, 1956 *and that death occurred at* 11 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Paula Brenner, M.D.
23b. ADDRESS: Owensville, Mo.
23c. DATE SIGNED: 3-19-56

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 3-20-1956
24c. NAME OF CEMETERY OR CREMATORY: Warren Cemetery
24d. LOCATION (City, town, or county) (State): Tea, Mo.

DATE REC'D BY LOCAL REG.: 3/19/56
REGISTRAR'S SIGNATURE: F.C. Hudman J.L. Hudman
25. FUNERAL DIRECTOR'S SIGNATURE: Milford H H Winter — ADDRESS: OWENSVILLE

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

99-C

FEB 11 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, ~~or by~~ ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Milford H H Winter

Licensed Embalmer No. 38

P. O. Address OWENSVI

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.