

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No.

9460

FILED MAR 29 1954

BIRTH NO.

REG. DIST. NO. 224

PRIMARY REG. DIST. NO. 5796

Registrar's No. 22

| | | | | | | | |
|---|--|--|--|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <i>Moniteau</i> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Moniteau</i> | | | |
| b. CITY OR TOWN <i>Rural-Walker township</i> | | c. LENGTH OF STAY (In this place) | | c. CITY OR TOWN <i>California</i> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <i>680</i> | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION | | | | e. STREET ADDRESS (If rural, give location) <i>6 mi north east of California</i> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <i>AMANDA</i> | | b. (Middle) <i>ELLEN</i> | | c. (Last) <i>SMITH</i> | | 4. DATE OF DEATH (Month) (Day) (Year) <i>March 11 1954</i> | |
| 5. SEX <i>Female</i> | | 6. COLOR OR RACE <i>White</i> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Never Married</i> | | 8. DATE OF BIRTH <i>May 29-1879</i> | |
| 9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housekeeper</i> | | 9b. KIND OF BUSINESS OR INDUSTRY <i>no</i> | | 11. BIRTHPLACE (City and State or Foreign Country) <i>Cole County Mo.</i> | | 12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i> | |
| 13a. FATHER'S NAME <i>Abston Smith</i> | | 13b. MOTHER'S MAIDEN NAME <i>Sarah Jane Hayter</i> | | 14. NAME OF HUSBAND OR WIFE <i>none</i> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i> | | 16. SOCIAL SECURITY NO. <i>no</i> | | 17. INFORMANT'S SIGNATURE OR NAME <i>Don Hackney</i> | | ADDRESS <i>California Mo</i> | |
| 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary Thrombosis</i> INTERVAL BETWEEN ONSET AND DEATH <i>2 Wks.</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <i>Intestinal Influenza</i> DUE TO (c) 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 <i>482 X</i> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <i>Walker Twp. Moniteau Mo</i> | | | |
| 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 <i>Mar 10, 1954</i> to <i>Mar 11, 1954</i> , that I last saw the deceased alive on <i>Mar 11, 1954</i> , and that death occurred at <i>10 P.M.</i> from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <i>D. J. Bacon D.O.</i> | | | | 23b. ADDRESS <i>California</i> | | 23c. DATE SIGNED <i>3/15/54</i> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE <i>Mar 13-1954</i> | | 24c. NAME OF CEMETERY OR CREMATORY <i>City Cemetery</i> | | 24d. LOCATION (City, town, or county) (State) <i>California Mo</i> | |
| DATE REC'D BY LOCAL REG. <i>3/15/54</i> | | REGISTRAR'S SIGNATURE <i>D. L. Popejoy</i> | | 25. FUNERAL DIRECTOR'S SIGNATURE <i>Hugh E. Williams</i> | | ADDRESS <i>California Mo</i> | |

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed.....
Hugh E. Williams

Licensed Embalmer No. *352*

P. O. Address *California*

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.