

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

1959
Do not use this space.

1. PLACE OF DEATH *Belle Lone Oak*

(a) County *Belle Lone Oak* Registration District No. *53*

(b) Township *Lone Oak* Primary Registration District No. *5083*

(c) City *Belle Lone Oak* (d) Street No. *2* Registered No. *2*

(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME *Glarence Devise Smithson 532*

(a) Residence, No. *532* (Usual place of abode, if no street address, write county or city) St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *B.H. Smithson*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Apr 5, 1883*

7. AGE YEARS *54* MONTHS *9* DAYS *0* If LESS than 1 day,hra. ormin.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Lawrence*

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Belle Co. Missouri*

FATHER 13. NAME *Tom Devise*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*

MOTHER 15. MAIDEN NAME *Emma Copeland*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Delaware*

17. INFORMANT (ADDRESS) *Glenn A. Devise*
Belle, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE *Fairview* DATE *Jan. 7, 1938*

19. FUNERAL DIRECTOR (ADDRESS) *Butler, Mo.*

20. FILED *Jan 12 1938* *Glenn A. Devise*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *January 5, 1938*

22. I HEREBY CERTIFY, That I attended deceased from *Jan 2, 1938*, to *Jan 5, 1938*. I last saw him alive on *Jan 4, 1938*. Death is said to have occurred on the date stated above, at *2:30 A. M.*

The principal cause of death and related causes of importance were as follows:

Braucheque Pneumonia

Other contributory causes of importance: *Chronic Myocarditis*

Name of operating physician *RECEIVED* Date of *no*

What test confirmed diagnosis? *no* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19...
Where did injury occur? *FEB 21 1938* (Specify city or town, county, and State)

Specify where injury occurred in industry, in home, or in public place.

Manner of injury *BUREAU OF VITAL STATISTICS
MISSOURI STATE BOARD OF HEALTH*

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *no*. If so, specify *no*

(Signed) *Pass. A. Luck Jr.*, M. D.
(Address) *Belle, Mo.*

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Mary G. Newell, Licensed Embalmer No. 3111
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Self

L. E.
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Mary G. Newell
Licensed Embalmer No. 3111

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.)