

FILED JAN 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39544
Registrar's No. 412

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010

1. PLACE OF DEATH a. COUNTY CAPE GIRARDEAU		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY SCOTT	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CAPE GIRARDEAU		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ORAN	
c. LENGTH OF STAY (In this place) 6 days		d. STREET ADDRESS (If rural, give location) /	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. FRANCIS HOSPITAL			

3. NAME OF DECEASED (Type or Print)	a. (First) SHERROD	b. (Middle) PAYTON	c. (Last) SMITH	4. DATE OF DEATH (Month) (Day) (Year) DEC. 26 1948
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JANUARY 8 1878	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months 11 Days 18	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER	10b. KIND OF BUSINESS OR INDUSTRY GEN'L FARMING	11. BIRTHPLACE (State or foreign country) COVINGTON, TENN.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME JAMES SMITH	13b. MOTHER'S MAIDEN NAME HARRIETT YARABRO	14. NAME OF HUSBAND OR WIFE CLAUDIE SMITH
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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) NO	16. SOCIAL SECURITY NO. 498-12-3754	17. INFORMANT'S SIGNATURE OR NAME Oran Mc	ADDRESS Oran Mc
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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. 1310	MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive cardio- DUE TO (c) vascular renal disease?		INTERVAL BETWEEN ONSET AND DEATH 1 mo.
11. 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	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 **Dec 20, 1948**, to **Dec 26, 1948**, that I last saw the deceased alive on **Dec 26, 1948**, and that death occurred at **11:25 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Charles F. Wilson M.D.	23b. ADDRESS Cape Girardeau Mo	23c. DATE SIGNED 12-30-48
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 12/29/48	24c. NAME OF CEMETERY OR CREMATORY FRIEND CEMETERY	24d. LOCATION (City, town, or county) (State) ORAN SCOTT MISSOURI
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DATE REC'D BY LOCAL REG. 12-30-48	REGISTRAR'S SIGNATURE E. B. Summers	25. FUNERAL DIRECTOR'S SIGNATURE Carl F. Smith	ADDRESS Oran Mc
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

16
4

RECEIVED

District Health Officer No. 4

District File Number 149-10

Date Filed 1-3-49

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.

Signed.....
Student Embalmer

Signed

Licensed Embalmer No. 2676

P. O. Address Crow Mo.

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 this body is not embalmed, fact should be so stated above.