

V. S. No. 300
REV. 10.48

FILED DEC 30 1948

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39754

35
2

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

BIRTH NO. _____		REG. DIST. NO. <u>107</u>		PRIMARY REG. DIST. NO. <u>3019</u>		Registrar's No. <u>164</u>	
1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Franklin</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett MO</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u>		3 2 5	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>				d. STREET ADDRESS (If rural, give location) <u>713 First St.</u>			
3. NAME OF DECEASED a. (First) <u>WILLIAM DAVID</u> b. (Middle) <u>GOLD</u> c. (Last) <u>SMITH</u>			4. DATE OF DEATH (Month) <u>12</u> (Day) <u>20</u> (Year) <u>1948</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Aug. 18, 1866</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>2</u>	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Birmingham Alabama</u>		12. CITIZEN OF WHAT COUNTRY? <u>no</u>	
13a. FATHER'S NAME <u>Daniel R. Goldsmith</u>		13b. MOTHER'S MAIDEN NAME <u>Elwaine Mcathers</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Robert Goldsmith</u>		ADDRESS <u>Kennett MO</u>	
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. <u>131A</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Arteriosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>3 Days</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Myocardial Infarction</u>				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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 <u>12-10</u> , 19 <u>48</u> , to <u>12-20</u> , 19 <u>48</u> , that I last saw the deceased alive on <u>12-14</u> , 19 <u>48</u> , and that death occurred at <u>2:15 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>D. I. Thompson M.D.</u>				23b. ADDRESS <u>Kennett MO</u>		23c. DATE SIGNED <u>12-21-48</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-22-48</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Gracery</u>		24d. LOCATION (City, town, or county) (State) <u>0</u>		
DATE REC'D BY LOCAL REG. <u>12-21-1948</u>		REGISTRAR'S SIGNATURE <u>Carl Husband</u>		FUNERAL DIRECTOR'S SIGNATURE <u>W.T. Emery & Son</u>		ADDRESS <u>Franklin Ark.</u>	

RECEIVED

District Health Office No. 2,

District File Number 12-48-1729

Cases Filed 12-22-40

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