

FILED JAN 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40865

71
1
0

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

BIRTH NO. _____ REG. DIST. NO. 236 PRIMARY REG. DIST. NO. 4352 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY <u>Morgan</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Versailles</u>		c. LENGTH OF STAY (in this place) <u>lifetime</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Versailles</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Infant</u> b. (Middle) <u>Smith</u> c. (Last) <u>Smith</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 30-48</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Dec. 28-48</u>		9. AGE (In years last birthday) <u>0</u> <u>0</u> <u>2</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Versailles, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Burnice smith</u>		13b. MOTHER'S MAIDEN NAME <u>Dessie Sidebottom</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Burnice Smith Versailles, Mo.</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>159</u>			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Mother's poor health</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>several years</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)		21f. HOW DID INJURY OCCUR? <u>J</u>
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"/>			
22. I hereby certify that I attended the deceased from <u>12-26</u> , 19 <u>48</u> , to <u>12-30</u> , 19 <u>48</u> , that I last saw the deceased alive on <u>12-28</u> , 19 <u>48</u> , and that death occurred at <u>2:00 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>P. J. Eckhoff M.D.</u>			23b. ADDRESS <u>Versailles, Mo.</u>		23c. DATE SIGNED <u>12-30-48</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-30-48</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hopwell Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Versailles, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>1-3-49</u>		REGISTRAR'S SIGNATURE <u>J. L. Washburn</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Versailles, Mo.</u>		

RECEIVED

District Health Officer No. **7**

District File Number **12-48-1545**

Date Filed **1-5-49**

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.

Student
Student Embalmer

Signed *J. F. Knull*

Licensed Embalmer No. **1546**

P. O. Address *Hershey Pa*

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.