

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 11 1949

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 5005 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Millard</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Millard</u>	
c. LENGTH OF STAY (in this place) <u>18 yrs.</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Millard, Mo.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Rock</u>	b. (Middle)	c. (Last) <u>Smith</u>	4. DATE OF DEATH	(Month) <u>Jan</u>	(Day) <u>4</u>	(Year) <u>1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 27, 1875</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Sullivan Co., Mo</u>	12. COUNTRY OF WHAT COUNTRY? <u>U. S.</u>
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13a. FATHER'S NAME <u>George E. Smith</u>	13b. MOTHER'S MAIDEN NAME <u>Julia Ann. Garrett</u>	14. NAME OF HUSBAND OR WIFE <u>Kate Hoskins</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Kate Smith</u>	ADDRESS <u>Millard, Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Malnutrition</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 Weeks</u> <u>First discoured</u> <u>8-19-48</u>
	ANTECEDENT CAUSES <u>Chronic Lymphatic Leukemia</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Lymphatic Leukemia</u> DUE TO (c) <u>Unknown Causes</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Secondary Anemia</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>No operation</u>	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) <u>Millard</u> (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from Aug 19, 1948, to Dec 31, 1948 that I last saw the deceased alive on Dec 31, 1948 and that death occurred at 12:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) <u>A. T. Rhoads, D.O.</u>	23b. ADDRESS <u>Kirkville, Mo</u>	23c. DATE SIGNED <u>1-6-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 6, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pinkerton Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Adair County, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1-8-49</u>	REGISTRAR'S SIGNATURE <u>Kate Lambert</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul M. Riley</u>	ADDRESS <u>Kirkville, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 10

District File Number 1-49-42

Date Filed JAN 10 1949

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 Ray H. Merer.....

Licensed Embalmer No. 4432.....

P. O. Address Kirkville, 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.