

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1547

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Carthage</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Carthage</u>	
c. LENGTH OF STAY (in this place) <u>10 days</u>		d. STREET ADDRESS (If rural, give location) <u>901 Olive St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>McCune-Brooks Hospital</u>			
3. NAME OF DECEASED (Type or Print) <u>ERNEST</u>		a. (First) <u>AUGUSTA</u>	
		b. (Middle) <u>SMITH</u>	
		c. (Last)	
		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 1, 1949</u>	
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 7, 1886</u>	
9. AGE (in years last birthday) <u>62</u>		IF UNDER 1 YEAR Months Days	
IF UNDER 2 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>storekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Hercules Powder Co</u>	
11. BIRTHPLACE (State or foreign country) <u>Farmington, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Arthur M. Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Elege</u>	
14. NAME OF HUSBAND OR WIFE <u>Jessie Cox Smith</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>490-10-0424</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. E.A. Smith</u>		ADDRESS <u>901 Olive Carthage Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ventricular failure, left</u>		INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Hemiplegia, left</u> <u>352</u> <u>8 days</u>	
		DUE TO (c) <u>Cerebral embolus, right</u> <u>8 days</u>	
		<u>Bundle branch block, left</u> <u>more than 6yrs</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Lobar pneumonia, right lower lobe</u> <u>11 days</u>	
		<u>convalescent</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) <u>Carthage Jasper Missouri</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>Jan. 20</u> , 19 <u>49</u> , to <u>Feb. 1</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Feb. 1</u> , 19 <u>49</u> , and that death occurred at <u>8</u> a m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Emory J. McIntire M.D.</u>		23b. ADDRESS <u>Carthage Mo.</u>	
23c. DATE SIGNED <u>FEB 2 1949</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Feb 3, 1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Carthage, Mo</u>	
DATE REC'D BY LOCAL REG. <u>Feb 4-49</u>		REGISTRAR'S SIGNATURE <u>L. B. Clinton M.D.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Knell Mortuary</u>		ADDRESS <u>Carthage, Mo.</u>	

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

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MAR 1 1 1959

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

Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage

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.