

FILED JAN 26 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1630

State File No. 18

BIRTH NO. _____		REG. DIST. NO. <u>157</u>		PRIMARY REG. DIST. NO. <u>5586</u>		Registrar's No. <u>14</u>	
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>Mo.</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Marion</u>		c. LENGTH OF STAY (In this place) <u>20</u> Yr		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Marion</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Carthage Ht # 4</u>				d. STREET ADDRESS (If rural, give location) <u>Carthage Rt. # 4</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Walter Lyman</u> b. (Middle) <u>SMITH</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 14, 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>Aug. 28, 1903</u>	9. AGE (In years last birthday) <u>46</u>	IF UNDER 1 YEAR Months   Days <u>7</u>   <u>14</u>	IF UNDER 24 HRS. Hours   Min. <u>0</u>   <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dep. Int. Rev. Col.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. Govt.</u>		11. BIRTHPLACE (State or foreign country) <u>Maryville, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Walter M. Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Harren</u>		14. NAME OF HUSBAND OR WIFE <u>Georgia L. Smith</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Georgia L. Smith, Rt #4, Carthage</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  <u>1/20/49</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 wks</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) _____			
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>Dec 27, 1948</u> , to <u>1-14, 1949</u> , that I last saw the deceased alive on <u>1-11-1949</u> , and that death occurred at <u>10:20 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Russell Smith</u>				23b. ADDRESS <u>Carthage Mo</u>		23c. DATE SIGNED <u>1-15-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-17-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Carthage, Missouri</u>		
DATE REC'D BY LOCAL REG. _____		REGISTRAR'S SIGNATURE <u>L.B. Clinton</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ed. C. Ulmer, Carthage</u>			

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

Smith 49

Per. H. Ferguson

(Licensed Embalmer's Statement on Reverse Side)

4971-52

FEB 10 1950

FEB 7 1949

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**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 \_\_\_\_\_

*John S. Dennehy*

Licensed Embalmer No. 4199

Signed \_\_\_\_\_  
Student Embalmer

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.