

FILED FEB 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2127

BIRTH NO.		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 31	
1. PLACE OF DEATH a. COUNTY <i>Pettis</i>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Pettis</i>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Dedalia</i>		c. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <i>Dedalia</i>		d. FULL NAME OF HOSPITAL OR INSTITUTION <i>1119 E 15 STR.</i>		d. STREET ADDRESS (If rural, give location) <i>1119 East 15 Street</i>	
3. NAME OF DECEASED a. (First) <i>Leth</i> b. (Middle) <i>Duck</i> c. (Last) <i>Smith</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>January 25, 1949</i>					
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Caucasian</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Sept. 3, 1860</i>	9. AGE (In years (to birthday) Months Days Hours Min.) <i>88 4 22</i>			
10. USUAL OCCUPATION (Give kind of work done during most of working life, week if retired) <i>Bridge Builder & Carpenter</i>		11. BIRTHPLACE (State or foreign country) <i>Lonesborough, Ill.</i>		12. CITIZEN OF WHAT COUNTRY? <i>NO</i>			
13a. FATHER'S NAME <i>Samuel Smith</i>		13b. MOTHER'S MAIDEN NAME <i>Cornelia Duck</i>		14. NAME OF HUSBAND OR WIFE <i>Lacie May Smith</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME <i>Ruth S. Mackay</i> ADDRESS <i>111 15th</i>			
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* <i>Arterio-sclerosis, General decline</i> ANTECEDENT CAUSES <i>General decline</i> DUE TO (a) <i>Arterio-sclerosis</i> DUE TO (c) <i>Arterio-sclerosis</i> II. OTHER SIGNIFICANT CONDITIONS <i>Cystic Kidneys, Stones in Urinary bladder, many</i>				INTERVAL BETWEEN ONSET AND DEATH <i>10</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>No operation</i>				20. AUTOPSY <input type="checkbox"/> YES <input type="checkbox"/> NO	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>Neither</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>No injury</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>✓ ✓ ✓</i>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>No injury</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>No injury</i>			
22. I hereby certify that I attended the deceased from <i>1/22/49</i> to <i>1/25</i> , 19 <i>49</i> that I last saw the deceased alive on <i>1/23</i> , 19 <i>49</i> and that death occurred at <i>Dedalia, Mo.</i> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>C. B. Maden M.D.</i>				23b. ADDRESS <i>1170 W. 4th Dedalia Mo</i>		23c. DATE SIGNED <i>1/25/49</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24b. DATE <i>27 JAN 1949</i>		24c. NAME OF CEMETERY OR CREMATORY <i>SMITHTON CEMETERY</i>		24d. LOCATION (City, town, or county) (State) <i>SMITHTON MO</i>	
DATE REC'D BY LOCAL REG. <i>Jan 26, 1949</i>		REGISTRAR'S SIGNATURE <i>Betty Yeager Deputy</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>W. W. Keckart</i> ADDRESS <i>Dedalia, Mo.</i>			

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 2-3-49

FEB 7 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.

Signed _____
Student Embalmer

Signed Frank S. Coffman Jr.

Licensed Embalmer No. 4559

P. O. Address Sedalia, 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.