

FILED MAR 9 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4160

State File No. ....

BIRTH NO. 49-112920 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5135 Registrar's No. 73

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

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Butler</u> b. CITY OR TOWN <u>Sub Rural</u> c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ASH Hill Jwp</u>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>mo</u> COUNTY <u>Butler</u> b. CITY OR TOWN <u>Rural Ash Hill Fork</u> c. STREET ADDRESS (If rural, give location) <u>mo</u>		
<b>3. NAME OF DECEASED</b> (Type or Print) <u>Baby Boy - SMITH</u> a. (First) _____ b. (Middle) _____ c. (Last) _____		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Feb 16 1949</u>			
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>W</u>	<b>8. DATE OF BIRTH</b> <u>Feb 15 - 1949</u>	<b>9. AGE</b> (In years last birthday) <u>8</u> <u>17</u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) _____		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> _____		<b>11. BIRTHPLACE</b> (State or foreign country) <u>Missouri</u>	
<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>		<b>13a. FATHER'S NAME</b> <u>Archie Smith</u>			
<b>13b. MOTHER'S MAIDEN NAME</b> <u>Jannita Burris</u>		<b>14. NAME OF HUSBAND OR WIFE</b> _____			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>no</u>		<b>16. SOCIAL SECURITY NO.</b> _____		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Archie Smith</u>	
<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Birth Injury</u> ANTECEDENT CAUSES (b) <u>Forceps Delivery</u> DUE TO (c) _____ <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>7/6/19</u>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> _____	
<b>19a. DATE OF OPERATION</b> _____		<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>1-1</u>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b> _____	
<b>22. I hereby certify that I attended the deceased from <u>Feb 15, 1949</u>, to <u>Feb 16, 1949</u>, that I last saw the deceased alive on <u>Feb 16, 1949</u>, and that death occurred at <u>12:30 am.</u>, from the causes and on the date stated above.</b>					
<b>23a. SIGNATURE</b> (Degree or title) <u>J.R. Seiler, M.D.</u>			<b>23b. ADDRESS</b> <u>Fork, Mo.</u>		
<b>23c. DATE SIGNED</b> <u>Feb 18 1949</u>		<b>24a. BURIAL, CREMATION REMOVAL</b> (Specify) <u>Burial</u>			
<b>24b. DATE</b> <u>Feb 16 - 1949</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Ash Hill</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>Ash Hill Mo.</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>3/4/49</u>		<b>REGISTRAR'S SIGNATURE</b> <u>[Signature]</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>[Signature]</u>	
<b>ADDRESS</b> <u>Shelby Funeral Home Fork Mo</u>		<b>ADDRESS</b> <u>Fork Mo</u>			

Body Not Embalmed

RECEIVED

Butler County Health Office

District File Number 349-7

Date Filed 3-8-48

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

Signed Student Embalmer

Licensed Embalmer No.

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.