

FILED FEB 28 1949

THE DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

7090

|   |  |  |   |   |  |   |                              |                                  |  |
|---|--|--|---|---|--|---|------------------------------|----------------------------------|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>326</u>  |   | PRIMARY REG. DIST. NO. <u>6110</u>  |  | Registrar's No. <u>8</u>  |                              |                                  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Scotland</u>  |  |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Mo.</u> b. COUNTY <u>Scotland</u>   |  |   |                              |                                  |  |
| b. CITY OR TOWN <u>Rural</u>  |  | c. LENGTH OF STAY (in this place)  |   | c. CITY OR TOWN <u>97</u>   |  | d. STREET ADDRESS (If rural, give location) <u>D 0</u>  |                              |                                  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>  |  |  |   | d. STREET ADDRESS (If rural, give location) <u>D 0</u>  |  |   |                              |                                  |  |
| 3. NAME OF DECEASED<br>(Type or Print) <u>CHARLIE C SMITH</u>   |  |  | a. (First) <u>C</u> b. (Middle) <u>S</u> c. (Last) <u>M</u> |   |  | 4. DATE OF DEATH<br>(Month) (Day) (Year) <u>Feb 5 1949</u>  |                              |                                  |  |
| 5. SEX <u>M</u>   |  | 6. COLOR OR RACE <u>W</u>  |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  |  | 8. DATE OF BIRTH<br>9. AGE (in years) (last birthday) <u>29</u><br>if UNDER 1 YEAR: Months   Days<br>if UNDER 1 HR. Hour   Min. |                              |                                  |  |
| 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>Scotland Co. Mo.</u>                |   | 12. CITIZEN OF WHAT COUNTRY? |                                  |  |
| 13a. FATHER'S NAME <u>Wiles Smith</u>   |  |  | 13b. MOTHER'S MAIDEN NAME <u>Wmh.</u>                       |   |  | 14. NAME OF HUSBAND OR WIFE <u>Zora Smith</u>   |                              |                                  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)   If yes, give war or dates of service  |  |  | 16. SOCIAL SECURITY NO.                                     |   | 17. INFORMANT'S SIGNATURE OR NAME <u>Athel Smith</u> ADDRESS <u>Memphis, Mo.</u> |   |                              |                                  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Paralysis</u><br>ANTECEDENT CAUSES<br>As for conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Arteriosclerosis</u><br>DUE TO (c) <u>Hardening Arteries</u><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>✓</u><br><u>11500</u> |  |   |                              | INTERVAL BETWEEN ONSET AND DEATH |  |
| 19a. DATE OF OPERATION <u>✓</u>   |  | 19b. MAJOR FINDINGS OF OPERATION <u>✓</u>  |   |   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |                              |                                  |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>   |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>✓</u>      |   | 21c. (CITY, TOWN, OR TOWNSHIP). (COUNTY) (STATE) <u>✓</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? <u>✓</u>   |  |   |                              |                                  |  |
| 22. I hereby certify that I attended the deceased from <u>Feb 3</u> , 1949, to <u>Feb 4</u> , 1949, that I last saw the deceased alive on <u>Feb 4</u> , 1949, and that death occurred at _____ m., from the causes and on the date stated above. |  |  |   |   |  |   |                              |                                  |  |
| 23a. SIGNATURE <u>H. E. Gerwig M.D.</u> (Degree or title)   |  |  |   | 23b. ADDRESS <u>Downing Mo.</u>   |  | 23c. DATE SIGNED  |                              |                                  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   |  | 24b. DATE <u>Feb 7 1949</u>  |   | 24c. NAME OF CEMETERY OR CREMATORY <u>McKeady</u>   |  | 24d. LOCATION (City, town, or county) (State) <u>Scotland Co. Mo.</u>   |                              |                                  |  |
| DATE REC'D BY LOCAL REG. <u>2/10/49</u>   |  | REGISTRAR'S SIGNATURE <u>P. M. Baker</u> <u>409</u>  |   | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Logd Moore Downing Mo.</u> ADDRESS  |  |   |                              |                                  |  |

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 7 1950

**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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Lloyd Moore

Licensed Embalmer No. 3157

P. O. Address Downing

**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.