

FILED MAR 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7161

BIRTH NO.		REG. DIST. NO. 352		PRIMARY REG. DIST. NO. 6186		Registrar's No. 10	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY Taney		Beaver Twp		a. STATE mo		b. COUNTY Taney 106	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) Taneyville mo		c. LENGTH OF STAY (in this place) years		c. CITY (If outside corporate limits, write RURAL and give township) Taneyville mo		0	
d. FULL NAME OF HOSPITAL OR INSTITUTION: none Taneyville mo				d. STREET ADDRESS (If rural, give location) Taneyville, mo 0			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) CLARENCE		b. (Middle) EUGENE		c. (Last) SMITH		5. DATE (Month) (Day) (Year) Feb 19, 1949	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH April 9 1881	
9. AGE (In years last birthday) 67		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		11. BIRTHPLACE (State or foreign country) Lawrence Co mo		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Joseph Smith		13b. MOTHER'S MAIDEN NAME Mary Louis		14. NAME OF HUSBAND OR WIFE Pelta Smith			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS			
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES			
				Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
				DUE TO (b) Malignant Hypertension			
				DUE TO (c) Arteriosclerosis			
II. OTHER SIGNIFICANT CONDITIONS				Interval between ONSET AND DEATH 18 days			
Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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 Feb 15, 1949, to Feb 18, 1949, that I last saw the deceased alive on Feb 15, 1949, and that death occurred at 7:15 a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title)				23b. ADDRESS		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial				24b. DATE 2-21-49		24c. NAME OF CEMETERY OR CREMATORY Neldra Cemetery	
24d. LOCATION (City, town, or county) (State) Taneyville, mo				24e. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Walter S. Cobb Taneyville, mo			
DATE REC'D BY LOCAL REG. Feb. 23-1949		REGISTRAR'S SIGNATURE J. E. Copwell		376			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 6,

District File Number 249-188

Date Filed 2-28-49

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 _____

Minnie S. Whelch

Signed _____

Student Embalmer

Licensed Embalmer No. 2277

P. O. Address Brunson

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.