

FILED APR 6 1949

STANDARD CERTIFICATE OF DEATH

State File No. 7268

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 109

1. PLACE OF DEATH a. COUNTY <i>Adair</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Schuyler 94</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Kirkville</i>		c. LENGTH OF STAY (in this place) <i>24 days</i>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Queen City</i>		d. STREET ADDRESS (If rural, give location) <i>1</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Lanahan Hospital</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>William</i> b. (Middle) <i>Frederick</i> c. (Last) <i>Smith</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>April 1 - 1949</i>
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>Sept 5 - 1869</i>
9. AGE (in years last birthday) <i>79</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farming</i>	11. BIRTHPLACE (State or foreign country) <i>Queen City Missouri</i>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
13a. FATHER'S NAME <i>Henry Smith</i>		13b. MOTHER'S MAIDEN NAME <i>Elizabeth Sloop</i>	14. NAME OF HUSBAND OR WIFE <i>Bertha Bowers</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>-</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Kelin Sparger</i> ADDRESS <i>Queen City, Mo</i>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Malignant metastatic adenocarcinoma of liver. Grade 4</i>		INTERVAL BETWEEN ONSET AND DEATH <i>unknown</i>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <i>Possibly from sigmoid??</i>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>none</i>		DUE TO (c) <i>155X</i>	
19a. DATE OF OPERATION <i>3-10-49</i>	19b. MAJOR FINDINGS OF OPERATION <i>Liver enlarged, nodular and studded with malignant masses. Biopsy from liver</i>		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) 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 <i>3-8-49</i> to <i>4-1-49</i> , 19___, that I last saw the deceased alive on <i>3-31-49</i> , 19___, and that death occurred at <i>12:37A</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>Carl Langelin J. D.D.</i> (Degree or title)		23b. ADDRESS <i>Kirkville, Mo.</i>	23c. DATE SIGNED <i>4-2-49</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24b. DATE <i>April 11 - 1949</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Queen City Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Queen City Mo.</i>
DATE REC'D BY LOCAL REG. <i>4-2-49</i>	REGISTRAR'S SIGNATURE <i>Walter Lambert</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Wm W West</i> ADDRESS <i>Queen City, Mo</i>	

RECEIVED

District Health Officer No.

District File Number

Date Filed APR 5 - 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 Self

Student Embalmer No.

working under my personal supervision.

Signed Wm A West

Signed.....  
Student Embalmer

Licensed Embalmer No. 2882

P. O. Address Queen City, 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.