FILED APR 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7926

BIRTH NO. _____ REG. DIST. NO. 101 PRIMARY REG. DIST. NO. 5404 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: Douglas
b. CITY OR TOWN: rural Finley
c. LENGTH OF STAY (in this place): 20 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): /

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Douglas
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): rural Finley
d. STREET ADDRESS (If rural, give location): Seymour Mo RR 2

3. NAME OF DECEASED (Type or Print)
a. (First): Alpheus
b. (Middle): B.
c. (Last): Smith

4. DATE OF DEATH (Month) (Day) (Year): Mar 24, 1949

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: May 5, 1858
9. AGE (In years last birthday): 90
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): West Virginia
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Emily Bell
14. NAME OF HUSBAND OR WIFE: Lottie Cornelius

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Harrison Cornelius
ADDRESS: Seymour Mo R-2

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lymphogranulomatosis — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Peritonitis — 3 days

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: 5'10"

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 ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* March 1, 1949, *to* Mar 24, 1949, *that I last saw the deceased alive on* March 23 1949, *and that death occurred at* 12:30 m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. R. Gill (Degree or title) D.O.
23b. ADDRESS: Seymour, Mo
23c. DATE SIGNED: 3/26/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar 27 1949
24c. NAME OF CEMETERY OR CREMATORY: Day Cemetery
24d. LOCATION (City, town, or county) (State): Douglas Co. Mo

DATE REC'D BY LOCAL REG.: 4-9-49
REGISTRAR'S SIGNATURE: Vesta Bushnox
25. FUNERAL DIRECTOR'S SIGNATURE: Denver Roller
ADDRESS: Mtn. Home, Ark.

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Student .....
Student Embalmer

Signed Denver Roller

Licensed Embalmer No. 4006

P. O. Address Mtn. Home, Ar

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.