

FILED MAR 30 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8986

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 122 PRIMARY REG. DIST. NO. 3034 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Higginsville, Mo.,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Higginsville, 54	
c. LENGTH OF STAY (in this place) All his life		d. STREET ADDRESS (If rural, give location) No Street Address	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) Joseph Benjamin Smith	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH March 21 1949	(Month)	(Day)	(Year)
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Feb 13th 1907	9. AGE (In years last birthday) 42	10. UNDER 1 YEAR Months 1	11. UNDER 1 YEAR Days 8	12. UNDER 1 YEAR Hours	13. UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer City of Higginsville	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Higginsville, Missouri	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME A. L. Smith	13b. MOTHER'S MAIDEN NAME Mattie Hutcheson	14. NAME OF HUSBAND OR WIFE Single
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War (2)	16. SOCIAL SECURITY NO. 199-09-6521	17. INFORMANT'S SIGNATURE OR NAME Abbie Anson	ADDRESS Higginsville, Mo.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary occlusion.		Unknown
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic rheumatic heart disease 1 yr.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from March 12 1948, to March 21 1949, that I last saw the deceased alive on Feb. 26, 1949, and that death occurred at ? m., from the causes and on the date stated above.

23a. SIGNATURE Robert B. Best M.D. (Degree or title)	23b. ADDRESS Higginsville, Mo.	23c. DATE SIGNED 3/21/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/23/49	24c. NAME OF CEMETERY OR CREMATORY Higginsville City Cemetery - Higginsville, Mo.	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG 3-23-1949	REGISTRAR'S SIGNATURE Clayton H. Landrum 154	25. FUNERAL DIRECTOR'S SIGNATURE W. S. Soder	ADDRESS Higginsville, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

 54  
2  
1  
 No. 300  
10.48

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 3-29-49

MAR 25 1953

APR 11 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 \_\_\_\_\_

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

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed Robert R. Kof  
Licensed Embalmer No. 4284

P. O. Address Higginsville, Missouri

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.