

FILED APR 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9325

56

BIRTH NO.		REG. DIST. NO. 251		PRIMARY REG. DIST. NO. 3048		Registrar's No. 56	
1. PLACE OF DEATH a. COUNTY Nodaway				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before adjustment) a. STATE Missouri b. COUNTY Nodaway			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville		c. LENGTH OF STAY (In this place) 3 wks		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sheridan			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital				d. STREET ADDRESS (If rural, give location) None			
3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) W. c. (Last) SMOCK			4. DATE OF DEATH 3 25 49				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 7/28/74	
9. AGE (In years last birthday) 74		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 - retired			10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Maitland, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Wm. H. Smock			13b. MOTHER'S MAIDEN NAME Hattie Dyson		14. NAME OF HUSBAND OR WIFE deceased		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Lola Albright, Skidmore, Mo.			
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) <i>Pulmonary hemorrhage</i> INTERVAL BETWEEN ONSET AND DEATH 12 hrs ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Chronic myocarditis and nephritis</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Stiff carcinoma of feet</i>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) (Min.)		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 7-21, 1948, to March 25, 1949, that I last saw the deceased alive on 3-24, 1949, and that death occurred at 8:15A m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>J.C. Bauman</i> M. D.				23b. ADDRESS Maryville, Missouri		23c. DATE SIGNED 3/24/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 3/27/49		24c. NAME OF CEMETERY OR CREMATORY Groves		24d. LOCATION (City, town, or county) (State) Graham, Missouri	
DATE REC'D BY LOCAL REG. 4-2-49		REGISTRAR'S SIGNATURE <i>Bernie Noel</i> 229		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>John W. Price</i> Maryville, Mo.			

(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 _____

ROBERT L. SOUTER

Student Embalmer No. *309*

working under my personal supervision.

Student *Robert L. Souter*
Student Embalmer

Signed

John W. Price

Licensed Embalmer No. *4281*

P. O. Address *Maryville 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.