

FILED MAY 2 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12236

State File No. \_\_\_\_\_

BIRTH NO. 49-014119 REG. DIST. NO. 142 PRIMARY REG. DIST. NO. 4731 Registrar's No. 72

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

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1. PLACE OF DEATH a. COUNTY <b>Howell</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Howell</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Mtn View, Mo</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Mountain View, Mo</b>	
c. LENGTH OF STAY (In this place) <b>1 Hour</b>		d. STREET ADDRESS <b>R#1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Shaffer Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Leon</b> b. (Middle) <b>Jerry</b> c. (Last) <b>Smith</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March 28 1949</b>
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5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Infant</b>	8. DATE OF BIRTH <b>March 25, 1949</b>	9. AGE (In years last birthday) <b>3</b>	IF UNDER 14 YEARS Months Days Hours Min.
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10a. USUAL OCCUPATION (If kind of work done during most of working life, even if retired) <b>none</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Mountain View, MO</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>
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13a. FATHER'S NAME <b>Eldred Smith</b>	13b. MOTHER'S MAIDEN NAME <b>Betty L. Fisher</b>	14. NAME OF HUSBAND OR WIFE
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Eldred Smith, Mountain View, Mo</b>	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Congenital Atelectasis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS 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 checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 25 19 49, to March 28 19 49, that I last saw the deceased alive on March 28, 19 49, and that death occurred at 5 p. m., from the causes and on the date stated above.

23a. SIGNATURE <b>J. S. Cottrell D.D.</b>	23b. ADDRESS <b>Willow Springs</b>	23c. DATE SIGNED <b>4/5/49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Mch 29 49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Grace Church Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Mtn View, Mo</b>
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DATE REC'D BY LOCAL REG. <b>4-14-49</b>	REGISTRAR'S SIGNATURE <b>Laura Mitchell</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Duncan Funeral Home</b>	ADDRESS <b>Mountain View MO</b>
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RECEIVED

District Health Officer No. 5,

District File Number 44928B

Date Filed 4-23-49

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.....

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed.....

Signed.....  
Student Embalmer

Licensed Embalmer No. 4325

P. O. Address NY New York

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.