

FILED MAY 7 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13187

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

BIRTH NO. _____		REG. DIST. NO. <u>231</u>		PRIMARY REG. DIST. NO. <u>4346</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Montgomery</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>Montgomery</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				d. STREET ADDRESS (If rural, give location) <u>None</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lester</u>		b. (Middle) _____		c. (Last) <u>Smith</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April-27-1949</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>2-15-1884</u>		9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 MRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Oil Business</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Middletown Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Armstrong Smith</u>			13b. MOTHER'S MAIDEN NAME <u>Belle Cobb</u>		14. NAME OF HUSBAND OR WIFE <u>Belle Smith</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>487-22-1158</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Belle Smith</u> ADDRESS <u>Montgomery City</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pulmonary Tuberculosis</u> DUE TO (c) <u>Chronic Bronchitis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Secondary Anemia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u> <u>36 years?</u> <u>? 5-6 years</u> <u>3-4 hrs</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>None</u> <u>Montgomery</u> <u>Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>no</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>None</u>			
22. I hereby certify that I attended the deceased from <u>5-22</u> , 19 <u>48</u> , to <u>4-27</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>4-27</u> , 19 <u>49</u> , and that death occurred at <u>8:30</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>E. T. Andersen, M.D.</u>				23b. ADDRESS <u>Montgomery City, Mo</u>		23c. DATE SIGNED <u>4/29/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-29-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Montgomery City</u>		24d. LOCATION (City, town, or county) (State) <u>Montgomery City Mo</u>		
DATE REC'D BY LOCAL REG. <u>4-27-49</u>		REGISTRAR'S SIGNATURE <u>Bernice E. Wylatt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C.W. Hopkins</u>		ADDRESS <u>Montgomery City Mo</u>	

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, ~~xx~~ on the 27 day of April 1949, working under my personal supervision.

Student Embalmer No. ....



Signed C. W. Hopkins

Signed .....  
Student Embalmer

Licensed Embalmer No. I487

P. O. Address Montgomery 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.