THE DIVISION OF HEALTH OF MISSOURI

FILED MAY 12 1949

STANDARD CERTIFICATE OF DEATH

State File No. 13213

BIRTH NO. _____ REG. DIST. NO. 242 PRIMARY REG. DIST. NO. 436 Registrar's No. _____

1. PLACE OF DEATH

a. COUNTY: New Madrid

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Morehouse

c. LENGTH OF STAY (in this place): 48 yr.

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: Missouri

b. COUNTY: New Madrid

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Morehouse

d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)

a. (First): Lawrence

b. (Middle): Estel

c. (Last): Smith

4. DATE OF DEATH (Month): May (Day): 4 (Year): 1949

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 11, 1896

9. AGE (In years last birthday): 52 — IF UNDER 1 YEAR: Months: 8 Days: 23 — IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Gleasen, Ind.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John W. Smith

13b. MOTHER'S MAIDEN NAME: Sarelda Loveless

14. NAME OF HUSBAND OR WIFE: Myrtle Smith

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: Myrtle Smith ADDRESS: Morehouse, 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) Pulmonary tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: 3 years

ANTECEDENT CAUSES

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

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.: 002X

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* 5-1, 1946, *to* 5-4, 1949, *that I last saw the deceased alive on* 5-4, 1949, *and that death occurred at* 11:45 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. M. Sarno (Degree or title): M.D.

23b. ADDRESS: Morehouse, Mo.

23c. DATE SIGNED: 5-5-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 5-5-49

24c. NAME OF CEMETERY OR CREMATORY: Pleasant Valley Cem.

24d. LOCATION (City, town, or county) (State): Dexter, Mo. Rural

DATE REC'D BY LOCAL REG.: 5-7-49

REGISTRAR'S SIGNATURE: Thomas M. Sheets 220

25. FUNERAL DIRECTOR'S SIGNATURE: Watkins Funeral Ser. ADDRESS: Dexter, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

3.300
0.48

RECEIVED
District Health Office No. 2
District File Number 549.568
Date Filed 5-9-49

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 .....,

Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed D J Breniteniger

Licensed Embalmer No. 4201

P. O. Address Dexter Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.