

FILED MAY 7 1949

STANDARD CERTIFICATE OF DEATH

112A State File No. 14560

BIRTH NO. 330		REG. DIST. NO. 330		PRIMARY REG. DIST. NO. 4485		Registrar's No. I	
1. PLACE OF DEATH a. COUNTY SCOTT				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY SCOTT MO			
b. CITY (If outside corporate limits, write RURAL and give township) RURAL-KELSO TWP		c. LENGTH OF STAY (In this place) 45 YRS		c. CITY (If outside corporate limits, write RURAL and give township) RURAL KELSO TWP			
d. FULL NAME OF HOSPITAL OR INSTITUTION AT HOME 1 1/2 MI S OF FORNFELT				d. STREET ADDRESS (If rural, give location) 1 1/2 MI S OF FORNFELT			
3. NAME OF DECEASED (Type or Print) a. (First) CAMBELL b. (Middle) RUSSELL c. (Last) SMITH			4. DATE OF DEATH (Month) (Day) (Year) APRIL 20 1949				
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH JULY 4, 1892	
9. AGE (In years last birthday) 76		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY RETIRED		9. AGE (In years last birthday) 76	
11. BIRTHPLACE (State or foreign country) NEAR ZALMA, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.		11. BIRTHPLACE (State or foreign country) NEAR ZALMA, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME MARION SMITH			13b. MOTHER'S MAIDEN NAME SARAH (LAST NOT KNOWN)			14. NAME OF HUSBAND OR WIFE ORA RAINES SMITH	
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.		17. INFORMANT'S SIGNATURE OR NAME Fred van Smith ADDRESS Elm St 170			
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) Chronic Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 1 year
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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 Apr 20, 1949, to Apr 20, 1949, that I last saw the deceased alive on Apr 20, 1949, and that death occurred at 11 A.M., from the causes and on the date stated above.							
23a. SIGNATURE G. Z. ... (Degree or title) M.D.			23b. ADDRESS		23c. DATE SIGNED 4-22-49		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE APRIL 22, 1949	24c. NAME OF CEMETERY OR CREMATORY LIGHTNER		24d. LOCATION (City, town, or county) (State) 126 MO. MISSOURI		
DATE REC'D BY LOCAL REG. 4-22-49		REGISTRAR'S SIGNATURE G. Z. ... 300		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS			

(Licensed Embalmer's Statement of Reverse Side)

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

RECEIVED

District Health Office No. 2

District File Number 549-524

Date Filed 5-3-49

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.

Signed Oliver C. Amick

Signed _____
Student Embalmer

Licensed Embalmer No. 4470

P. O. Address Illmo, 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.