

FILED JUN 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15360

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>86</u>		PRIMARY REG. DIST. NO. <u>4449</u>		Registrar's No. <u>18-1949</u>			
1. PLACE OF DEATH a. COUNTY <u>CRAWFORD</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>CRAWFORD</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CUBA</u>		c. LENGTH OF STAY (in this place) <u>1</u> <u>5 YRS.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CUBA</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANTHONY</u>			b. (Middle) <u>WILLIAM</u>		c. (Last) <u>SMITH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5</u> <u>22</u> <u>1949</u>		
5. SEX <u>MU</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>7-23-1868</u>		9. AGE (In years last birthday) <u>80</u> IF UNDER 1 YEAR Months <u>9</u> Days <u>29</u> IF UNDER 1 MONTH Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>RETIRED</u>		11. BIRTHPLACE (State or foreign country) <u>PITTSBURGH PENN</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>SEBASTIAN SMITH</u>			13b. MOTHER'S MAIDEN NAME <u>ISABELLE UNKNOWN</u>			14. NAME OF HUSBAND OR WIFE <u>ANNIE JANE BAEDER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>			16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>George N Smith - Bourbon MO</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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Asteroid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis</u> DUE TO (c) <u>Sensitivity</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u> <u>1</u> <u>1</u> <u>7/201</u>	
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) (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 <u>Jan 5 - 1949</u> to <u>May 21, 1949</u> , that I last saw the deceased alive on <u>May 15, 1949</u> , and that death occurred at <u>12:30 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>J. J. A. Herzog M.D.</u>				23b. ADDRESS <u>Cuba Mo</u>			23c. DATE SIGNED <u>V-23-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-24-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Kinder Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Cuba Missouri</u>			
DATE REC'D BY LOCAL REG. <u>5-24-49</u>		REGISTRAR'S SIGNATURE <u>Paul A. Shaul</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. Long Bourbon MO</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

RECEIVED 5/26/49
District Head Office No. 5,
District File No. 549374
Date Filed 5/31/49

JUN 20 1949

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 *Harmon C. Hoener*
Licensed Embalmer No. *4673*

P. O. Address *Cuba Missouri*

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.