

THE DIVISION OF HEALTH OF MISSOURI
FILED JUN 14 1949 STANDARD CERTIFICATE OF DEATH

State File No. 15581

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 504

1. PLACE OF DEATH a. COUNTY <u>Green</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> COUNTY <u>Christian</u> NO. <u>22</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield Mo 4 Days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sparta Mo 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John Hospital 0</u>		d. STREET ADDRESS (If rural, give location) <u>Sparta Mo. 0</u>	

3. NAME OF DECEASED (Type or Print) <u>Albert</u>	a. (First)	b. (Middle)	c. (Last) <u>Smith</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 6 1949</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>w.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Oct. 18-1873</u>	9. AGE (In years last birthday) <u>75 yrs</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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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>farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Taney County Mo. 0</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Robert Smith</u>	13b. MOTHER'S MAIDEN NAME <u>Sarnelia Roberts</u>	14. NAME OF HUSBAND OR WIFE <u>widowed</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Ralph Lee</u> ADDRESS <u>Sparta Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 d.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal obstruction</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>obese condition of abdomen</u> DUE TO (c) <u>generalized primary of st. colon.</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>153x</u>

19a. DATE OF OPERATION <u>6/4/49</u>	19b. MAJOR FINDINGS OF OPERATION <u>Small bowel obstruction - generalized ileocolitis</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 6/3, 1949, to 6/6, 1949, that I last saw the deceased alive on 6/5, 1949, and that death occurred at 8:40 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>W. Robert Smith M.D.</u> (Degree or title)	23b. ADDRESS <u>Springfield</u>	23c. DATE SIGNED <u>6/7/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 9-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sparta Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>City, Sparta Mo.</u>
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DATE REC'D BY LOCAL REG. <u>6/7/49</u>	REGISTRAR'S SIGNATURE <u>W. E. Handley</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>T. B. Chabbin</u> ADDRESS <u>Ozark Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 T. B. Chaffin.....

Licensed Embalmer No. 2192.....

P. O. Address Ozark, 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.