

FILED JUN 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16650

BIRTH NO. _____		REG. DIST. NO. <u>210</u>		PRIMARY REG. DIST. NO. <u>4322</u>		Registrar's No. <u>38</u>			
1. PLACE OF DEATH a. COUNTY <u>Princeton, Mercer Co., Mo.</u>				2. USUAL RESIDENCE (Where deceased lived: If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marrison</u>					
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN) <u>Princeton, Mo.</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bethany, R.F.D.</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lambert Hospital, Princeton</u>				d. STREET ADDRESS (If rural, give location) <u>8 mi South Bethany</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Simon</u>			b. (Middle) <u>Fletcher</u>		c. (Last) <u>Smith</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 23 1949</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov. 8, 1877</u>		9. AGE (In years last birthday)* <u>72</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: 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>General farming</u>		11. BIRTHPLACE (State or foreign country) <u>Nodoway Co., Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Richard Smith</u>			13b. MOTHER'S MAIDEN NAME <u>Nancy Fletcher</u>			14. NAME OF HUSBAND OR WIFE <u>Mary Maria Smith</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Franklin Smith</u> ADDRESS <u>Bethany</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Glomerulo Nephritis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>	
		ANTECEDENT CAUSES DUE TO (b) <u>Cardio-vascular-renal</u> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) <u>Uraemia</u>							
		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>Prostatic Hypertrophy</u>						<u>572X</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Natural</u>		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) _____		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>1-26, 1948, to 5-23, 1949</u> , that I last saw the deceased alive on <u>5-23, 1949</u> , and that death occurred at <u>10:40 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>W. D. Preston M.D.</u> (Degree or title)						23b. ADDRESS <u>Princeton, Mo</u>		23c. DATE SIGNED <u>5/23/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 26</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pythian</u>		24d. LOCATION (City, town, or county) <u>Bethany</u> (Site) <u>Mo</u>			
DATE REC'D BY LOCAL REG <u>5-25-49</u>		REGISTRAR'S SIGNATURE <u>M. J. Keith</u>		393		25. FUNERAL DIRECTOR'S SIGNATURE <u>Joe E. Wheeler</u> ADDRESS <u>Bethany 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, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Joe E. Wheeler

Licensed Embalmer No. *3512*

P. O. Address *Bethany 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.