No. 300
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FILED JUN 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16667

BIRTH NO. _____ REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 5784 Registrar's No. 27

1. PLACE OF DEATH
a. COUNTY Mississippi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Dorena Mo. 1
c. LENGTH OF STAY (in this place) 50
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Mississippi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Dorena
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) ALLEN
b. (Middle)
c. (Last) SMITH

4. DATE OF DEATH (Month) April (Day) 28 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH June 23, 1874
9. AGE (In years last birthday) 74 — IF UNDER 1 YEAR Months 10 Days 5 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Carpenter
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Grays Co. Ky.
12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME Wm. Smith
13b. MOTHER'S MAIDEN NAME Mary Mayze
14. NAME OF HUSBAND OR WIFE

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 Mrs. Lucy Johnson, ADDRESS Dorena 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) Pneumonia Broncho

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.

INTERVAL BETWEEN ONSET AND DEATH: 490X

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)

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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* 4/14, 1949, *to* 4/28, 1949, *that I last saw the deceased alive on* 5/24, 1949, *and that death occurred at* 5 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) A. J. Martin M.D.
23b. ADDRESS East Prairie Mo
23c. DATE SIGNED 5-10-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE April 29 1949
24c. NAME OF CEMETERY OR CREMATORY Dogwood Cemetary
24d. LOCATION (City, town, or county) (State) Mississippi Co. Mo.

DATE REC'D BY LOCAL REG. June 4, 1949
REGISTRAR'S SIGNATURE Anna Harper Deputy
25. FUNERAL DIRECTOR'S SIGNATURE Travis Shelby ADDRESS East Prairie

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Office No. 2
District File Number 649-644
Date Filed 6-6-49

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 Travis Shelby

Signed .....
Student Embalmer

Licensed Embalmer No. 2726

P. O. Address East Prairie

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.