

FILED JUN 20 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18703

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 657

|  |  |   |   |
|--|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Buchanan</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph, Mo.</u>  |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph, Mo.</u>   |   |
| c. LENGTH OF STAY (In this place) <u>6-Mo 10Dys</u>  |  |   |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Duncan Nursing Home</u><br><u>723 South 11th Street</u>   |  | d. STREET ADDRESS (If rural, give location) <u>723 South 11th Street</u>  |   |
| 3. NAME OF DECEASED<br>a. (First) <u>Daniel</u> b. (Middle) <u>J</u> c. (Last) <u>Smith</u>  |  |   | 4. DATE OF DEATH (Month) (Day) (Year) <u>June 10, 1949</u>                                      |
| 5. SEX <u>Male</u>   | 6. COLOR OR RACE <u>White</u>  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED* (Specify) <u>Widowed</u>  | 8. DATE OF BIRTH <u>Oct. 29, 1862</u>   |
| 9. AGE (In years last birthday) <u>86</u>  |  | IF UNDER 1 YEAR Months _____ Days _____   | IF UNDER 2 HRS. Hours _____ Min. _____  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Carpenter</u>   |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>Swift &amp; Co.</u>  | 11. BIRTHPLACE (State or foreign country) <u>Prairie Iowa</u>                                   |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>   |  |   |   |
| 13a. FATHER'S NAME <u>Unknown</u>  |  | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u>  | 14. NAME OF HUSBAND OR WIFE <u>Unknown</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 <u>Denver Cold.</u><br><u>Mrs Elsie Miller 1333 Lafayette</u> |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  |  |   | INTERVAL BETWEEN ONSET AND DEATH  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>   |  |   | <u>1 hr.</u>  |
| ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Arteriosclerosis</u>  |  |   | <u>6 years</u>  |
| DUE TO (c) _____   |  |   |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  |  |   | <u>4201</u>   |
| 19a. DATE OF OPERATION _____   |  | 19b. MAJOR FINDINGS OF OPERATION _____  |   |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____  | 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>Nov. 15</u> <sup>1948</sup> to <u>Jun 10</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Jun 7</u> , 19 <u>49</u> , and that death occurred at <u>11:30p</u> m., from the causes and on the date stated above. |  |   |   |
| 23a. SIGNATURE (Degree or title) <u>[Signature]</u>  |  | 23b. ADDRESS <u>The Schneider Bldg. St. Joseph, Missouri</u>  | 23c. DATE SIGNED <u>6-13-49</u>   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  | 24b. DATE <u>6/15/1949</u>   | 24c. NAME OF CEMETERY OR CREMATORY <u>Odd Fellow Cemetery</u>   | 24d. LOCATION (City, town, or county) (State) <u>St. Joseph (Buchanan) Mo.</u>                  |
| DATE REC'D BY LOCAL REG. <u>June 16, 1949</u>  | REGISTRAR'S SIGNATURE <u>[Signature]</u>   | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>1802 Union St</u>  |   |

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 \_\_\_\_\_

*Robert H. Gagliardi*

Licensed Embalmer No. \_\_\_\_\_

*3308*

P. O. Address \_\_\_\_\_

*St. Joseph, 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.