

FILED JUN 28 1949

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 19043

BIRTH NO. _____		REG. DIST. NO. 96		PRIMARY REG. DIST. NO. 5347		Registrar's No. 52									
1. PLACE OF DEATH a. COUNTY Dallas				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Dallas											
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Buffalo RURAL				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Buffalo "rural"											
c. LENGTH OF STAY (In this place) 1 1/2				d. STREET ADDRESS (If rural, give location)											
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS											
3. NAME OF DECEASED (Type or Print)			a. (First) LOUIS			b. (Middle) FRANKLIN			c. (Last) Smith			4. DATE OF DEATH (Month) (Day) (Year) June 19, 1949			
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Aug 10, 1897		9. AGE (In years last birthday) 51		10. IF UNDER 1 YEAR Months 10 Days 9		11. IF UNDER 24 Hrs. Hours 9 Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) MISSOURI				12. CITIZEN OF WHAT COUNTRY? 0			
13a. FATHER'S NAME Andrew Smith				13b. MOTHER'S MAIDEN NAME UNKNOWN				14. NAME OF HUSBAND OR WIFE Ira Smith							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes 9-6-1918 to 1-21-1919				16. SOCIAL SECURITY NO.				17. INFORMANT'S SIGNATURE OR NAME Ira Smith - Buffalo Mo				ADDRESS			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis Hypertension years DUE TO (c) Lues untreated II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none								INTERVAL BETWEEN ONSET AND DEATH 10 days 32 yrs 022X			
19a. DATE OF OPERATION 6/25/49				19b. MAJOR FINDINGS OF OPERATION none								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) (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 June 9, 1949 , to June 19, 1949 , that I last saw the deceased alive on June 9, 1949 and that death occurred at 1:30 P.M. , from the causes and on the date stated above.															
23a. SIGNATURE J. B. Plummer M.D. (Degree or title)				23b. ADDRESS Buffalo Mo				23c. DATE SIGNED 6-22-49							
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial				24b. DATE 6-21-49		24c. NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery				24d. LOCATION (City, town, or county) (State) Buffalo Mo					
DATE REC'D BY LOCAL REG. 6/25/49				REGISTRAR'S SIGNATURE Mr. J. B. Jones				25. FUNERAL DIRECTOR'S SIGNATURE J. B. Jones ADDRESS Buffalo, Mo.							

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-4830
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RECEIVED

District Health Officer No. 7,

District File Number 5-49-774

Date Filed 6-28-49

VS DEC 4 1959

JUN 30 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.

Signed _____

Marie B. Jones

Signed _____
Student Embalmer

Licensed Embalmer No. 4322

P. O. Address Buffalo, Me

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.