

FILED JUL 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20072

BIRTH NO. _____		REG. DIST. NO. 165		PRIMARY REG. DIST. NO. 5611		Registrar's No. 7		
1. PLACE OF DEATH a. COUNTY Johnson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Johnson				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Post oak		c. LENGTH OF STAY (in this place) 38 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Post Oak				
d. FULL NAME OF HOSPITAL OR INSTITUTION R.R.#5 Warrensburg, MO.				d. STREET ADDRESS (If rural, give location) R.R.#5 Warrensburg, Missouri				
3. NAME OF DECEASED (Type or Print) Henry Clyde Smith			a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) June 22, 1949		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 15, 1894		
9. AGE (in years last birthday) 55		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 MIN. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Grocery Store		11. BIRTHPLACE (State or foreign country) Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Alva Smith			13b. MOTHER'S MAIDEN NAME Orra Reeder			14. NAME OF HUSBAND OR WIFE Reva L. Smith		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes World War #1		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Reva L. Smith R.R.#5 Wbg., 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary insufficiency ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Congestive Heart Failure 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 few months 2 years 4201	
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) m.		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 Nov 10, 1949, to 6-22-49, 19, that I last saw the deceased alive on Nov 10 1949, and that death occurred at 7:30 P. m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <i>W. J. ...</i>				23b. ADDRESS Warrensburg, Mo.		23c. DATE SIGNED 6-23-49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-26-49		24c. NAME OF CEMETERY OR CREMATORY Sunset Hill		24d. LOCATION (City, town, or county) (State) Warrensburg, Missouri		
DATE REC'D BY LOCAL REG. 6/30-49		REGISTRAR'S SIGNATURE 148 <i>Mamie J. ...</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>R. A. Brauning</i> Warrensburg, Mo.				

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 10 1949

JUL 1 1949

JUL 5 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.

Student
Student Embalmer

Signed W. B. Branninger

Licensed Embalmer No. 3377

P. O. Address Warrenton, Va.

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.