

FILED JUL 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20118

State File No.

BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 3036 Registrar's No. 66

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY OR TOWN <u>Aurora</u>		c. CITY OR TOWN <u>Aurora</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>731 Hudson</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>731 Hudson</u>			
3. NAME OF DECEASED a. (First) <u>Lloyd</u> b. (Middle) <u>E</u> c. (Last) <u>SMITH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 29 - 1949</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Feb 23 - 1877</u>
9. AGE (In years last birthday) <u>72</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	
11. BIRTHPLACE (State or foreign country) <u>Lawrence</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>TOM SMITH</u>		13b. MOTHER'S MAIDEN NAME <u>Almira POKIE</u>	
14. NAME OF HUSBAND OR WIFE <u>Mobbie SMITH</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>no</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Lee Smith</u>		ADDRESS <u>Aurora, Mo</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>Ch myocarditis</u> INTERVAL BETWEEN ONSET AND DEATH <u>26 years</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Double Inguinal Hernias</u> DUE TO (c) <u>Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>5600</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) <u>no</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>1940</u> , to <u>6-29</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>6-28</u> , 19 <u>49</u> , and that death occurred at <u>4</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>R. Rowan</u>		23b. ADDRESS <u>M.D. Aurora, Mo</u>	
23c. DATE SIGNED <u>6-29-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-11-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Orange</u>		24d. LOCATION (City, town, or county) (State) <u>Aurora, Butler Mo</u>	
DATE REC'D BY LOCAL REG. <u>July 1-49</u>		REGISTRAR'S SIGNATURE <u>Oran Me Natt</u>	
157		FUNERAL DIRECTOR'S SIGNATURE <u>Blair</u>	
		ADDRESS	

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

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RECEIVED

District Health Officer No. 6,

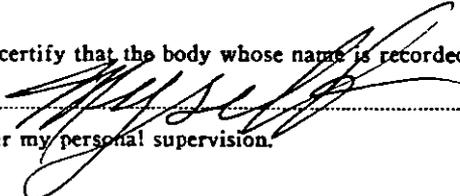
District File Number 749-763

Date Filed 7-5-49

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 _____

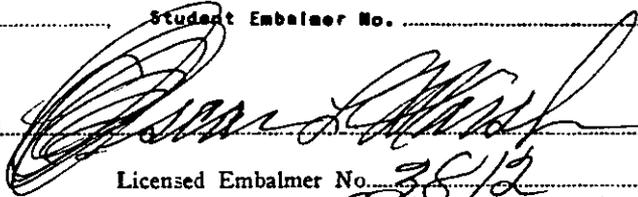
working under my personal supervision.



Student Embalmer No. _____

Signed.....
Student Embalmer

Signed.....



Licensed Embalmer No. 3812

P. O. Address Prima Mt

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.