

FILED JUL 30 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22556**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 4044 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <u>BOONE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>BOONE</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>STURGEON</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>STURGEON</u>	
c. LENGTH OF STAY (in this place) <u>ALL OF LIFE</u>		d. STREET ADDRESS (If rural, give location) <u>City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City-home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>WALTER</u>	b. (Middle) <u>FRANK</u>	c. (Last) <u>SMITH</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 19-1949</u>
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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>Aug. 5-1879</u>	9. AGE (in years last birthday) <u>69</u> IF UNDER 1 YEAR Months <u>11</u> IF UNDER 24 HRS. Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY <u>BLACKSMITH</u>	11. BIRTHPLACE (State or foreign country) <u>Boone Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>FRANK SMITH</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Katharine Cushman</u>	14. NAME OF HUSBAND OR WIFE <u>Manuel Burkhardt</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Manuel Burkhardt</u>	ADDRESS <u>Deatur 201</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3-5 min.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		
	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.		<u>1201</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>death</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>School House yard</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Sturgeon Boone Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7 19 49 8P.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>10</u>
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22. I hereby certify that I attended the deceased from 1946 to July 19, 1949; that I last saw the deceased alive on July 18, 1949, and that death occurred at 8 P.m. from the causes and on the date stated above.

23a. SIGNATURE <u>Harrell J. W. D. Sturgeon</u>	(Degree or title)	23b. ADDRESS <u>Sturgeon Mo.</u>	23c. DATE SIGNED <u>20 July 49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 21/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Bethel Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>STURGEON - Mo.</u>
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DATE REC'D BY LOCAL REG. <u>July 21/49</u>	REGISTRAR'S SIGNATURE <u>Maud M. C. Brice</u>	30	25. FUNERAL DIRECTOR'S SIGNATURE <u>Barnes &amp; Booth - Sturgeon - Mo.</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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District File Number \_\_\_\_\_  
District Health Officer No. 9  
RECEIVED  
JUL 26 1919  
1919

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 A. E. Boothe

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4087

P. O. Address J. Tinsion - Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.