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FILED JUL 20 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24151

(State File No. ....)

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 5786 Registrar's No. 60

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Wyatt Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Wyatt Rural</u>	
c. LENGTH OF STAY (in this place) <u>48 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>8 mi East of Wyatt</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8 mi East of Wyatt 1</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>EDMUND</u> c. (Last) <u>SMITH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-22-49</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>never married</u>	8. DATE OF BIRTH <u>6-5-49 1894</u>	9. AGE (In years last birthday) <u>55</u>	IF UNDER 1 YEAR Months <u>0</u>	IF UNDER 24 HRS. Days <u>17</u>	IF UNDER 1 MIN. Hours <u>17</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Centralia, Ill</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Jacob Smith</u>	13b. MOTHER'S MAIDEN NAME <u>Laura Walsey</u>	14. NAME OF HUSBAND OR WIFE <u>none</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) <u>Not known</u>	16. SOCIAL SECURITY NO. <u>None known</u>	17. INFORMANT'S SIGNATURE OR NAME <u>RUBEN HUTCHERSON, Wyatt, Mo</u>	ADDRESS <u>Wyatt, Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <u>7955</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Natural Causes</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Unknown</u> DUE TO (c) <u>No evidence of foul play.</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from as coroner only, 1949, that I last saw the deceased alive on 6-23-49, and that death occurred at 3 mi S of Wyatt, Mo, from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) <u>John F. Annelice, J. Coroner</u>	22b. ADDRESS <u>Charleston Mo</u>	22c. DATE SIGNED <u>6-23-49</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>6-23-49</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Dirk Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>3 mi S of Wyatt, Mo</u>
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DATE REC'D BY LOCAL REG. <u>July 5-49</u>	REGISTRAR'S SIGNATURE <u>Mrs. John Bondurant</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John Annelice, Charleston, Mo</u>	ADDRESS <u>Charleston, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

District 11834, Office No.  
District File Number 749-26  
Date Filed JUL 18 194

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 *J. M. Sunnelee* \_\_\_\_\_

Licensed Embalmer No. 4413

P. O. Address. Charleston, 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.