

FILED SEP 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26344

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 276

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri		b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		3. LENGTH OF STAY (In this place) 3 months	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1429 Bessie		d. STREET ADDRESS (If rural, give location) 957 Kings St.			

3. NAME OF DECEASED (Type or Print) a. (First) OLDEN			b. (Middle) L.			c. (Last) SMITH			4. DATE OF DEATH (Month) (Day) (Year) August 21, 1949		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH October 1, 1868		9. AGE (In years) (Months) (Days) (Hours) (Min.) 80 10 20		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Christian Preacher	
10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) Mercer County, Illinois				12. CITIZEN OF WHAT COUNTRY? U. S.			

13a. FATHER'S NAME Randolph Smith			13b. MOTHER'S MAIDEN NAME Sarah Lawhead			14. NAME OF HUSBAND OR WIFE Mrs. Emma Smith		
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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) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Mr. R. P. Smith		ADDRESS Cape Girardeau, Mo.	
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis						INTERVAL BETWEEN ONSET AND DEATH 1 Hour	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio sclerosis general							
		DUE TO (c)							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						4201	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION none						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., to 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) (m.)			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 Aug 21, 1949, to Aug 21, 1949, that I last saw the deceased alive on Aug 21, 1949, and that death occurred at 2:58 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Edw. D. Campbell M.D.		23b. ADDRESS Cape Girardeau, Mo.		23c. DATE SIGNED 9/23/49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE August 23, 1949		24c. NAME OF CEMETERY OR CREMATORY Maple Park Cem.		24d. LOCATION (City, town, or county) (State) Springfield, Missouri	
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DATE REC'D BY LOCAL REG. 8-23-1949		REGISTRAR'S SIGNATURE C. C. Summers		25. FUNERAL DIRECTOR'S SIGNATURE Halter's Funeral Home		ADDRESS Cape Gir - Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

8-29-49

District Health Officer No. 4

District File Number 849-1133

Date Filed _____

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 William Lee Jones

Licensed Embalmer No. 4410

P. O. Address Cape Girardeau, Mo.

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.