

FILED AUG 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22737A

State File No.

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 97

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Chillicothe</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>59</u> OR TOWN <u>Chillicothe</u>	
c. LENGTH OF STAY (in this place) <u>15 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>1521 Clay Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1521 Clay Street</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>George</u>	b. (Middle) <u>Washington</u>	c. (Last) <u>Smith</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 28, 1949</u>
-------------------------------------	--------------------------	-------------------------------	------------------------	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 4, 1869</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days	Hour	Min.
--------------------	-------------------------------	---	--------------------------------------	---	------------------------	-----------------------	------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>R. I. R. Road</u>	11. BIRTHPLACE (State or foreign country) <u>Lock Springs, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--	--	---	---

13a. FATHER'S NAME <u>Loranzo D. Smith</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Litton</u>	14. NAME OF HUSBAND OR WIFE <u>Alice Cox 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>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>A. F. Smith; Chillicothe, 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		INTERVAL BETWEEN ONSET AND DEATH <u>5 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Endocarditis</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>4214</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	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 June 7, 1949, to July 28, 1949, that I last saw the deceased alive on July 20, 1949, and that death occurred at 8:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. J. ...</u> (Degree or title)	23b. ADDRESS <u>Chillicothe Mo</u>	23c. DATE SIGNED <u>7-28-49</u>
---	------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-30-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lock Springs</u>	24d. LOCATION (City, town, or county) (State) <u>Lock Springs, Mo.</u>
---	--------------------------	--	--

DATE REC'D BY LOCAL REG. <u>7/28/49</u>	REGISTRAR'S SIGNATURE <u>Francis B. Neill</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Norman Funeral Home; Chillicothe, Mo.</u>
---	---	---

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



SEP 29 1948

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 _____

Joseph Miltoj Gibson

Student Embalmer No. 305

working under my personal supervision.

Student Joseph M. Gibson
Student Embalmer

Signed Ethan L. Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, 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.