

FILED SEP 6 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27688

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4427 Registrar's No. 103

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|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Tulaski</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Waynesville</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Springcreek Twp</u>                                  |  |
| c. LENGTH OF STAY (In this place) <u>3 hours</u>  |  | d. STREET ADDRESS (If rural, give location) <u>Newburg</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sewitts</u>  |  |  |  |

|   |             |                        |   |
|---|-------------|------------------------|---|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>ROBERT</u> | b. (Middle) | c. (Last) <u>SMITH</u> | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Aug 24 1949</u> |
|---|-------------|------------------------|---|

|                    |                               |   |                                    |   |  |                                   |   |   |
|--------------------|-------------------------------|---|------------------------------------|---|--|-----------------------------------|---|---|
| 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>Dec 8 1879</u> | 9. AGE (In years last birthday) <u>69</u> 1/2 | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>arming</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>Arlington Mo</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
|--------------------|-------------------------------|---|------------------------------------|---|--|-----------------------------------|---|---|

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|--|---|--|
| 13a. FATHER'S NAME <u>George Smith</u> | 13b. MOTHER'S MAIDEN NAME <u>Mary Boatman</u> | 14. NAME OF HUSBAND OR WIFE <u>Irene Smith</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>no</u> | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME <u>Jessie Manes</u> | ADDRESS |
|--|-------------------------|---|---------|

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|---|--|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>4 hours</u> |
|   | ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____ |  |  |
|   | II. OTHER SIGNIFICANT CONDITIONS<br>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?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |
|------------------------|----------------------------------|--|

|  |   |   |
|--|---|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br><u>Newburg Phelps Mo</u> |
|--|---|---|

|   |   |  |
|---|---|--|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>8 23 49 9P</u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>Ran auto off cliff 181</u> |
|---|---|--|

22. I hereby certify that I attended the deceased from 8-23, 1949, to 8-24, 1949, that I last saw the deceased alive on 8-24, 1949, and that death occurred at 3:10 A m., from the causes and on the date stated above.

|   |                                    |                                 |
|---|------------------------------------|---------------------------------|
| 23a. SIGNATURE (Degree or title) <u>Eugene D. Goshon DO</u> | 23b. ADDRESS <u>Waynesville Mo</u> | 23c. DATE SIGNED <u>8-27-49</u> |
|---|------------------------------------|---------------------------------|

|   |                              |   |   |
|---|------------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) _____ | 24b. DATE <u>Aug 27-1949</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Goodall</u> | 24d. LOCATION (City, town, or county) (State) <u>Arlington Mo</u> |
|---|------------------------------|---|---|

|   |   |   |                           |
|---|---|---|---------------------------|
| DATE REC'D BY LOCAL REG. <u>8-29-49</u> | REGISTRAR'S SIGNATURE <u>Thelma C. Buckthorpe</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Lee Johnson</u> | ADDRESS <u>Newburg Mo</u> |
|---|---|---|---------------------------|

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

85  
103

AUG 29 1949

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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 Lee Johnson

Signed.....  
Student Embalmer

Licensed Embalmer No. 3392

P. O. Address Newburg 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.