

FILED OCT 5 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 29162

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 288

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Adair	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 715 E. Cottonwood St.		d. STREET ADDRESS (If rural, give location) 715 E. Cottonwood St.	

3. NAME OF DECEASED (Type or Print) a. (First) RALPH b. (Middle) E. c. (Last) SMITH			4. DATE OF DEATH (Month) (Day) (Year) 9-17-49		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH 9-15-1870		9. AGE (In years last birthday) 79		10. IF UNDER 1 YEAR Months 0 Days 3	
11. IF UNDER 1 HRS. Hours 0 Min. 0		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Coal Yard	
11. BIRTHPLACE (State or foreign country) Knox Co., Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME Thomas Smith		13b. MOTHER'S MAIDEN NAME Cathrine Smith		14. NAME OF HUSBAND OR WIFE Lena 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. Unknown		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Meredith Smith 715 E. Cottonwood St. Kirksville, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sensility		INTERVAL BETWEEN ONSET AND DEATH 1 mo.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) malnutrition		1 yr	
		DUE TO (c) anemia		794X	
		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 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)	
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 **Sept 16, 1949**, to **Sept 17, 1949**, that I last saw the deceased alive on **Sept 16, 1949**, and that death occurred at **4:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE R O Stuckler (M.D.)		23b. ADDRESS (Degree or title) Kirksville Mo		23c. DATE SIGNED 9-20-49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-19-49		24c. NAME OF CEMETERY OR CREMATORY Llewellyn Cemetery		24d. LOCATION (City, town, or county) (State) Kirksville, Mo.	
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DATE REC'D BY LOCAL REG. 9-27-49		REGISTRAR'S SIGNATURE Kate Lambert		FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS O. Davis Funeral Home, Kirksville, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED OCT 3 1949
District Health Officer No. 10
District File Number 10-49-16
Date Filed OCT 3 1949

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, only

working under my personal supervision.

Student Embalmer No. _____

Signed Clarence M. Billo

Signed _____
Student Embalmer

Licensed Embalmer No. 4375

P. O. Address Kirksville, 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.