

FILED OCT 14 1949

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31384**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **277** PRIMARY REG. DIST. NO. **5949** Registrar's No. **45**

1. PLACE OF DEATH a. COUNTY <b>Pike</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pike</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural - Cuver</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural - Cuver</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>at Home</b>		d. STREET ADDRESS (If rural, give location) <b>4 mi East of Bowling Green</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Ned</b> b. (Middle) <b>Burd</b> c. (Last) <b>Smith</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>9 - 17 - 1949</b>
---	---

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>7-11-1889</b>	9. AGE (In years last birthday) <b>60</b>	IF UNDER 1 YEAR Months <b>2</b>	IF UNDER 1 YEAR Days <b>6</b>	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
--------------------	-------------------------------	---	-----------------------------------	---	---------------------------------	-------------------------------	-----------------------	----------------------

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>Farming</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Near Louisiana, Mo</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
---	-----------------------------------	---	---

13a. FATHER'S NAME <b>Edward K. Smith</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Elizabeth Campbell</b>	14. NAME OF HUSBAND OR WIFE <b>Ira Smith</b>
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Ira Smith</b>	ADDRESS <b>Bowling Green, Mo</b>
--	-------------------------	---	----------------------------------

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>1 yr</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Angina Pectoris</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>4201</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	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 **Aug. 18, 1949** to **Sept 17, 1949**, that I last saw the deceased alive on **Aug 29, 1949**, and that death occurred at **4:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Ned M. Hunter, M.D.</b>	23b. ADDRESS <b>Bowling Green, Mo</b>	23c. DATE SIGNED <b>9/19/49</b>
---	---------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>9-19-1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Bowling Green Cem</b>	24d. LOCATION (City, town, or county) (State) <b>Bowling Green Mo</b>
---	----------------------------	---	---

DATE REC'D BY LOCAL REG. <b>9-27-49</b>	REGISTRAR'S SIGNATURE <b>Bill Robinson</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. B. Emore</b>	ADDRESS <b>Bowling Green</b>
---	--	---	------------------------------

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

REC 5 1952

RECEIVED  
OCT 13 1952  
District Health Order No. 1  
District File Number 10-49-11  
Date Filed OCT 13 1952

**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 W. B. Moore

Licensed Embalmer No. 3466

P. O. Address Burling Green

**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.