

FILED NOV 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36673

BIRTH NO. _____ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 5291 Registrar's No. 857

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Clay County</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Malta Bend</u>	
c. LENGTH OF STAY (In this place) <u>1 week</u>		d. STREET ADDRESS (If rural, give location) <u>None</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Clay County Home</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 11, 1949</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>RUBE</u> b. (Middle) <u>SMITH</u> c. (Last)		5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>July 17, 1882</u>	
9. AGE (In years last birthday) <u>67</u> IF UNDER 1 YEAR Months <u>3</u> Days <u>24</u> IF UNDER 24 HRS. Hours Min.		10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Employee</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>R.R. Express</u>		11. BIRTHPLACE (State or foreign country) <u>Tanita, Oklahoma</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Wm J Smith</u>	
13b. MOTHER'S MAIDEN NAME <u>Ninnie Whitcotton</u>		14. NAME OF HUSBAND OR WIFE <u>Unknown</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>- - - - -</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Nicholas L. Mrs. Luther Beatty, Ex Springs, Mo.</u>		ADDRESS <u>Liberty, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart failure</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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>2 months</u>	
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 <u>Nov 1</u> , 1949, to <u>Nov 11</u> , 1949, that I last saw the deceased alive on <u>Nov 9</u> , 1949, and that death occurred at <u>4 A.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Wuff Goodson M.D.</u>		23b. ADDRESS <u>Liberty, Mo</u>	
23c. DATE SIGNED <u>Nov 11/49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>11-12-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill</u>	
24d. LOCATION (City, town, or county) (State) <u>Saline County, Mo.</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>Claude Richard E. Spivey</u>	
24f. ADDRESS <u>Ex Springs, Mo.</u>		DATE REC'D BY LOCAL REG. <u>Nov. 11, 1949</u>	
REGISTRAR'S SIGNATURE <u>Minnie Hayes</u>		64	

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

RECEIVED NOV 14
District Health Officer No. 8,

District File Number

Filed

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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.

Student _____
Student Embalmer

Signed Robert E. White

Licensed Embalmer No. 4168

P. O. Address Excelsior Springs, 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.