

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11926**

FILED DEC 19 1949

BIRTH NO. _____		REG. DIST. NO. 264		PRIMARY REG. DIST. NO. 5886		Registrar's No. 34		
1. PLACE OF DEATH a. COUNTY Ozark				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ozark				
b. CITY (If outside corporate limits, write RURAL and give town) Brixey, R. Jackson		c. LENGTH OF STAY (In this place) 79yrs		c. CITY (If outside corporate limits, write RURAL and give township) Brixey, Rural, Jackson				
d. FULL NAME OF HOSPITAL OR INSTITUTION 1				d. STREET ADDRESS (If rural, give location) 60				
3. NAME OF DECEASED (Type or Print) a. (First) George F. b. (Middle) Smith c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) 11-30-49		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 8-16-70		9. AGE (In years last birthday) 79		IF UNDER 1 YEAR: Months _____ Days _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Brixey, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Smith		13b. MOTHER'S MAIDEN NAME Linda Ellen James		14. NAME OF HUSBAND OR WIFE Roena Smith				
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. None		17. INFORMANT'S SIGNATURE OR NAME Laurance Smith ADDRESS Brixey Mo.				
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.		18. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia 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. Blind Chronic Neuregites				INTERVAL BETWEEN ONSET AND DEATH 1 week		
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 1945 to Nov 30 , 19 49 , that I last saw the deceased alive on Nov 29 , 19 49 , and that death occurred at 4:15P m., from the causes and on the date stated above.								
23a. SIGNATURE M. Hoerman M.D. (Degree or title)				23b. ADDRESS Lainesville, Mo.		23c. DATE SIGNED 12/8/49		
24a. BURIAL / CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-1-49		24c. NAME OF CEMETERY OR CREMATORY Dushong		24d. LOCATION (City, town, or county) (State) Brixey, Missouri		
DATE REC'D BY LOCAL REG. 12-9-49		REGISTRAR'S SIGNATURE William Cogwell		25. FUNERAL DIRECTOR'S SIGNATURE Friends ADDRESS _____				

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

RECEIVED DEC 13 1949

District Health Office No. 6,

District File Number 1249-136.1

Date Filed 12-14-49

Friends took care of body, was not embalmed

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

Charles R. Fish

Licensed Embalmer No. 4662

P. O. Address Avon, Md.

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.