

FILED DEC 28 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41999**

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

86  
6

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>443</u>	
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		c. LENGTH OF STAY (in this place) <u>6 mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1210 E. Broadway</u>				d. STREET ADDRESS (If rural, give location) <u>1210 E. Broadway</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>HARRISON</u>		b. (Middle) <u>NATHANIEL</u>		c. (Last) <u>SMITH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 21 - 49</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>Aug-2-1880</u>	
9. AGE (In years) (last birthday) <u>69</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Brakeman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>B+O.R.P.</u>		11. BIRTHPLACE (State or foreign country) <u>Sedalia Mo</u>	
11. BIRTHPLACE (State or foreign country) <u>Sedalia Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>Harrison D. Smith Sr</u>		13b. MOTHER'S MAIDEN NAME <u>Anna M. Russell</u>	
13a. FATHER'S NAME <u>Harrison D. Smith Sr</u>		13b. MOTHER'S MAIDEN NAME <u>Anna M. Russell</u>		14. NAME OF HUSBAND OR WIFE <u>Mildred</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>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Miss Jessie Smith</u>		ADDRESS <u>Sedalia</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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Cardio-vascular-renal syndrome.</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>  DUE TO (b) <u>Myocarditis, hypertrophy cardiac.</u>  DUE TO (c) <u>Arterio-sclerosis, Progressive.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Several months.</u>  <u>442X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>No operation.</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT, SUICIDE, NATURAL CAUSES, OR HOMICIDE (Specify) <u>Natural causes</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>No injury.</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>XXX</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>No injury.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>No injury.</u>			
22. I hereby certify that I attended the deceased from <u>May</u> , 19 <u>49</u> , to <u>December 21</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Dec. 21, 1949</u> , and that death occurred at <u>15 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>C. B. Prader M.D.</u>				23b. ADDRESS <u>12 West 4th Street, Sedalia, Mo</u>		23c. DATE SIGNED <u>Dec. 22, 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-23-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Sedalia Mo</u>	
DATE REC'D BY LOCAL REG. <u>12-23-49</u>		REGISTRAR'S SIGNATURE <u>Betty Yeager</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>McLaughlin Bros</u>		ADDRESS <u>Sedalia</u>	

RECEIVED - 24 DEC 24  
District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 12-27-49

JAN 12 1950

DEC 29 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, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer.

Signed K.P. McEnary

Licensed Embalmer No. 3153

P. O. Address Seattle 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.