

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2002

FILED FEB 1 1950

0804

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

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 33	
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 _____			
b. CITY OR TOWN <u>Sedalia</u>		c. LENGTH OF STAY (in this place) <u>3 Months</u>		c. CITY OR TOWN <u>St. Louis</u>		1949	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>505 W. Morgan</u>				d. STREET ADDRESS (If rural, give location) <u>3938<sup>th</sup> Enright</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Leslie</u>			b. (Middle) <u>Cornelius</u>		c. (Last) <u>Smith</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 25, 1950</u>
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>July 20 1899</u>	
9. AGE (In years last birthday) <u>50</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Janitor</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo. D</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Joshua Joseph Smith</u>			13b. MOTHER'S MAIDEN NAME <u>Myra Lattimore</u>			14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>488-03-2283</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Viola Miller - Sedalia, 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>Myocarditis, chronic. Gradual onset.</u>  ANTECEDENT CAUSES DUE TO (b) <u>Non Specific. Blood test negative.</u> DUE TO (c) <u>Emphysema, pulmonary. Gradual onset.</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>XXX</u>					
18. CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH <u>142 1/2</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 HOMICIDE (Specify) <u>Natural death.</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 XXX 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>Nov. 17, 1949</u> , to <u>January 25, 1950</u> , that I last saw the deceased alive on <u>Jan. 25, 1950</u> A.M. and that death occurred at <u>10.30 P.M.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Signed or title) <u>C. B. Prader, M.D.</u>				23b. ADDRESS <u>112 West 4th St. Sedalia, Mo.</u>		23c. DATE SIGNED <u>1/26, 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Jan. 27, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Peter's Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-26-50</u>		REGISTRAR'S SIGNATURE <u>Betty Yeagers</u>		25. FORMER DIRECTOR'S SIGNATURE <u>J. Price</u>		ADDRESS <u>Sedalia, Mo.</u>	

FEB 17 1950

RECEIVED JAN 30

District Health Officer No. 8,

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

Date Filed 1-31-50

FEB 3 1950

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

*J. P. Alexander*

Licensed Embalmer No. 4245

P. O. Address Sedalia 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.