

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4356**

FILED FEB 24 1950

BIRTH NO. _____ REG. DIST. NO. **83** PRIMARY REG. DIST. NO. **5315** Registrar's No. **3**

0270

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

1. PLACE OF DEATH a. COUNTY COOPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY COOPER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL-SALINE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL-SALINE 0270	
c. LENGTH OF STAY (in this place) 22 yr		d. STREET ADDRESS (If rural, give location) NEAR WOODRIDGE MO	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) FRANKLIN M SMITH	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH FEB 2-1950
				(Month) (Day) (Year)

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Jan 24-1870	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING	10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (State or foreign country) MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME HENRY SMITH	13b. MOTHER'S MAIDEN NAME NANCY PENFROW	14. NAME OF HUSBAND OR WIFE CHLOE SMITH
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Corett Smith Woodrudge	ADDRESS Woodrudge
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Internal Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) Chills fever with vomiting DUE TO (c) Cold & flu		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. old age		481X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) Boonville Cooper Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **2-1, 1950**, to **2-2, 1950**, that I last saw the deceased alive on **2-2, 1950**, and that death occurred at **1:30 pm.**, from the causes and on the date stated above.

23a. SIGNATURE Dr. H. T. Frasier	(Degree or title) D. Phc.	23b. ADDRESS Boonville, Mo.	23c. DATE SIGNED 2-3-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 2-3-1950	24c. NAME OF CEMETERY OR CREMATORY PETTIGREW CEM	24d. LOCATION (City, town, or county) (State) NEAR BOONVILLE MO
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DATE REC'D BY LOCAL REG. 2/4/50	REGISTRAR'S SIGNATURE U. T. Meredith	72	25. FUNERAL DIRECTOR'S SIGNATURE C. ALBERT HOYNECK	ADDRESS RAIRIE HOME MO.
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RECEIVED FEB 8
District Health Officer No. 8

District File Number _____
Date Filed 2-23-50

FEB 28 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 C. Albert Hornbeck

Licensed Embalmer No. 2714

P. O. Address Prairie Home 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.