

FILED FEB 27 1950

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

5618

State File No.

BIRTH NO. 9273-50 REG. DIST. NO. 264 PRIMARY REG. DIST. NO. 5894 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Ozark</u>		2. USUAL RESIDENCE (Where deceased lived: If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Ozark</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sycamore Rural #23</u>	c. LENGTH OF STAY (in this place) <u>3 Days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Township #23</u> <u>6770</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sycamore, Township, #23</u>		d. STREET ADDRESS (If rural, give location) <u>Rural Township #23</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ronald</u> b. (Middle) <u>Max</u> c. (Last) <u>Smith</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb.</u> <u>17</u> <u>1950</u>							
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Feb. 14, 1950</u>	9. AGE (In years last birthday) <u>3</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>Ozark Co. Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>John Smith</u>	13b. MOTHER'S MAIDEN NAME <u>Lenora Sanders</u>	14. NAME OF HUSBAND OR WIFE <u>None</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> <u>None</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. John Smith</u>	ADDRESS <u>----Sycamore 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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atelectasis</u>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>day</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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 Feb. 14, 1950, to Feb. 17, 1950, that I last saw the deceased alive on Feb. 16, 1950, and that death occurred at 10:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. Hoerman</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>Gainesville, Mo</u>	23c. DATE SIGNED <u>2/20/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 17, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Smith Chapel Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Sycamore, Ozark Co., Mo</u>

DATE REC'D BY LOCAL REG. <u>2-18-50</u>	REGISTRAR'S SIGNATURE <u>William Boywell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. ...</u>	ADDRESS <u>Gainesville</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

170

RECEIVED FEB 21 1950

District Health Office No. 6,

District File Number 250-244

Date Filed 2-21-50

STATEMENT BY LICENSED EMBALMER

not

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. P...*

Licensed Embalmer No. 3048

P. O. Address: *Gainesville*

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.