

FILED MAR 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7960
Registrar's No. 138

BIRTH NO. _____ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 30 11

1. PLACE OF DEATH a. COUNTY <u>CARROLL</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u> Iowa </u> b. COUNTY <u> Lee </u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carrollton, Carroll</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ft. Madison</u> <u>814,0</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>517-Avenue G.</u> <u>8</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>no.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Lloyd</u> c. (Last) <u>Smith</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 12 1950</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Mar. 5 - 1896</u>		9. AGE (In years last birthday) <u>64</u>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Locomotive Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Locomotive Engineer</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Sam Smith</u>			
13b. MOTHER'S MAIDEN NAME <u>Eliza Minstead</u>		14. NAME OF HUSBAND OR WIFE <u>Minerva Kistner</u>			

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no.</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Russell E. Smith - Ft. Madison Iowa</u>	
--	--	-------------------------------	--	---	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>no.</u>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplexy</u>		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.	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				<u>334X</u>	

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>no.</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>Carrollton Carroll Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>March 12 1950 m.</u>		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 19, to 19, that I last saw the deceased alive on 19, and that death occurred at 8:5 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ray Dickerson, Coroner</u>			23b. ADDRESS <u>Carroll Mo.</u>			23c. DATE SIGNED <u>3/12/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3/7/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakland Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Ft. Madison, Iowa</u>			
DATE REC'D BY LOCAL REG. <u>3/13/50</u>		REGISTRAR'S SIGNATURE <u>Mo. Herbert Caluso</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Shuchly + Johnson Carrollton</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

0171

RECEIVED
District Health Officer No. 8,

District File Number _____

Date Filed 3-20-50

APR 29 1950

MAY 31 1950

MAY 7 1951

MAR 21 1951

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

William P Koch

Signed.....
Student Embalmer

Licensed Embalmer No. 4751

P. O. Address Carrollton, 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.