

FILED MAR 24 1950

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

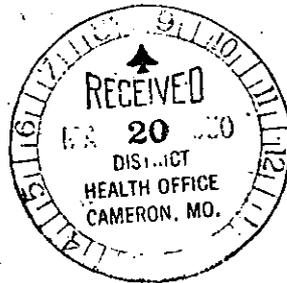
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State File No. ....

0597

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

BIRTH NO. _____		REG. DIST. NO. <u>187</u>		PRIMARY REG. DIST. NO. <u>3040</u>		Registrar's No. <u>53</u>	
1. PLACE OF DEATH a. COUNTY <u>Livingston</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chillicothe</u>		c. LENGTH OF STAY (in this place) <u>26 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chillicothe</u>		<u>0512</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>419 Woodward</u>				d. STREET ADDRESS (If rural, give location) <u>419 Woodward</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Grover</u> b. (Middle) <u>Cleveland</u> c. (Last) <u>Smith</u>			4. DATE OF DEATH (Month) <u>March</u> (Day) <u>12</u> (Year) <u>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>Sept. 25, 1885</u>	
9. AGE (In years last birthday) <u>64</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Street Dept</u>		11. BIRTHPLACE (State or foreign country) <u>Terre Haute, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>William H. Smith</u>			13b. MOTHER'S MAIDEN NAME <u>Amanda Smith</u>		14. NAME OF HUSBAND OR WIFE <u>Josie Cox Smith</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>490-10-4282</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. G.C. Smith; Chillicothe, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</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>root pneumonia</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS. <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 wk</u>  <u>4501</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		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 <u>26 Feb, 1950</u> , to <u>12 Mar, 1950</u> , that I last saw the deceased alive on <u>11 March 1950</u> , and that death occurred at <u>9:30</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>V D Nandiner MD</u> (Degree or title)				23b. ADDRESS <u>Chillicothe Mo</u>		23c. DATE SIGNED <u>13 March</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial (1)</u>		24b. DATE <u>3-14-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lucerne</u>		24d. LOCATION (City, town, or county) (State) <u>Lucerne, MO 145</u>		
DATE REC'D BY LOCAL REG. <u>March-13-50</u>		REGISTRAR'S SIGNATURE <u>Francis B Neill</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Norman Funeral Home; Chillicothe, Mo</u>			



**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 Elton Roman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, 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.