

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9769

FILED MAR 30 1950

BIRTH NO. _____ REG. DIST. NO. 247 PRIMARY REG. DIST. NO. 4366 Registrar's No. 12

0730

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

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Newton</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Granby</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Granby, Mo.</u> | |
| c. LENGTH OF STAY (In this place) <u>24 Yrs</u> | | d. STREET ADDRESS (If rural, give location) _____ | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Granby Community Hospital</u> | | | |

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|--|--|--|--|--|--|
| 3. NAME OF DECEASED a. (First) <u>Albert</u> b. (Middle) <u>Samuel</u> c. (Last) <u>Smith</u> | | | 4. DATE OF DEATH <u>March 15 1950</u> (Type or Print) | | |
|--|--|--|--|--|--|

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|--------------------|-------------------------------|---|--------------------------------------|---|---------------------|--------------------|--|---|
| 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>June 29 1878</u> | 9. AGE (In years last birthday) <u>71</u> | 10. MONTHS <u>8</u> | 11. DAYS <u>14</u> | 12. IF UNDER 1 YEAR Hours _____ Min. _____ | 13. 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) <u>Farming</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u> | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>George Smith</u> | 13b. MOTHER'S MAIDEN NAME <u>Abbey Woolard</u> | 14. NAME OF HUSBAND OR WIFE <u>Nora Smith</u> |
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|---|--|--------------------------------------|---|----------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>-----</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Nora Smith</u> | ADDRESS <u>Granby, Mo.</u> |
|---|--|--------------------------------------|---|----------------------------|

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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, asthma, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Disease of the coronary Arteries.</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>7 Months</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. | | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____ |
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| | | |
|---|--|----------------------------------|
| 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 2 March 15, 1950, to _____, 19____, that I last saw the deceased alive on March 15, 1950, and that death occurred at 6:55 p.m., from the causes and on the date stated above.

| | | | |
|--|-------------------------|---------------------------------|---------------------------------|
| 23a. SIGNATURE <u>Hubert O. Chester D.D.</u> | (Degree or title) _____ | 23b. ADDRESS <u>Granby, Mo.</u> | 23c. DATE SIGNED <u>3-15-50</u> |
|--|-------------------------|---------------------------------|---------------------------------|

| | | | |
|---|--------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>3-18-50</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Owsley Cemetary</u> | 24d. LOCATION (City, town, or county) (State) <u>Stella, Missouri</u> |
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|---|--|--|---------------|
| DATE REC'D BY LOCAL REG. <u>March 18-50</u> | REGISTRAR'S SIGNATURE <u>M. L. Young</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm Morris Royal Wheaton, Mo.</u> | ADDRESS _____ |
|---|--|--|---------------|

RECEIVED

District Health Officer No. Newton Co. Health Dept.

District File Number MAR 29 1950

Date Filed 350-69

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 Wm Merritt Payne

Licensed Embalmer No. 3442

P. O. Address Wheaton, 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.