No. 300
10.48

FILED APR 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12424

BIRTH NO. 4-8-50 REG. DIST. NO. 83 PRIMARY REG. DIST. NO. 4156 Registrar's No. 24

290

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

1. PLACE OF DEATH
a. COUNTY: Dade
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): So. Greenfield
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo 4156
b. COUNTY: Dade 029
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): So.Greenfield Mo.
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Leonard
b. (Middle):
c. (Last): Smith

4. DATE OF DEATH (Month) (Day) (Year): April 7 1950

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 13, 1878
9. AGE (In years last birthday): 71
IF UNDER 1 YEAR: Months 10 Days 24
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (State or foreign country): Dade Co.
12. CITIZEN OF WHAT COUNTRY?: usa

13a. FATHER'S NAME: John C.Smith
13b. MOTHER'S MAIDEN NAME: Francis Smith
14. NAME OF HUSBAND OR WIFE: Ida Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Oscar Smith So.Greenfield Mo

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Block

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) nephritis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 593X -

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-4, 1950, *to* 4-6, 1950, *that I last saw the deceased alive on* 4-6, 1950, *and that death occurred at* 2:45 pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W E Cowan MD
23b. ADDRESS: Greenfield Mo
23c. DATE SIGNED: 4-8-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 9,1950
24c. NAME OF CEMETERY OR CREMATORY: Liberty
24d. LOCATION (City, town, or county) (State): Dade C. Mo.

DATE REC'D BY LOCAL REG.: 4-8-50
REGISTRAR'S SIGNATURE: Geo L Weir 79
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: W.R.Allison Greenfield Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED APR 12 1950
District Health Office No. 6
District File Number 450-436
Date Filed 4-12-50

MAY 7 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 W. R. Allison

Licensed Embalmer No. 4404

P. O. Address Greenfield Ind.

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.