

FILED APR 17 1950

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12639
Registrar's No. 346

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. CITY (If outside corporate limits, write RURAL and give township) Springfield	
d. FULL NAME OF HOSPITAL OR INSTITUTION 521 S. Newton		d. STREET ADDRESS (If rural, give location) 521 S. Newton	

3. NAME OF DECEASED a. (First) CLIVE (Type or Print)			b. (Middle) ERNEST			c. (Last) SMITH			4. DATE OF DEATH (Month) (Day) (Year) 4-12-50			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 4-15-1883			9. AGE (In years last birthday) 66		IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter				10b. KIND OF BUSINESS OR INDUSTRY Carpenter				11. BIRTHPLACE (State or foreign country) Missouri			12. CITIZEN OF WHAT COUNTRY U.S.A.	

13a. FATHER'S NAME Robert Smith		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Gertie Smith Spgfld. Mo.	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes W.W. I		16. SOCIAL SECURITY NO. 491-03-5226		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Gertie Smith Springfield, Mo.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) probably coronary occlusion ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			INTERVAL BETWEEN ONSET AND DEATH 4201
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ATTENDED BY A PHYSICIAN

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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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 **11:00a** m., from the causes and on the date stated above.

23a. SIGNATURE W.S. Handley md		23b. ADDRESS City Hall Springfield Mo		23c. DATE SIGNED 4/18-1950	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-14-50		24c. NAME OF CEMETERY OR CREMATORY Clear Creek Cemetery		24d. LOCATION (City, town, or county) (State) Springfield, Mo.	
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 4-13-50 W.S. Handley md		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. W. Klingner & Co. Springfield Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1396

APR 25 1950

MAY 10 1950

APR 17 1950

8 21 54 SA

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 _____

Max Rhodes

Licensed Embalmer No. 4071

P. O. Address *Springfield*

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.