

FILED MAY 9 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13578

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 165 PRIMARY REG. DIST. NO. 4253 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <b>Johnson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Johnson</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Chilhowee</b>		c. LENGTH OF STAY (in this place) <b>38 yrs.</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Chilhowee, Missouri.</b> 05/0		d. STREET ADDRESS (If rural, give location) <b>6</b>
3. NAME OF DECEASED (Type or Print) a. (First) <b>Gilbert</b> b. (Middle) <b>Evans</b> c. (Last) <b>Smith</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>4 12 50</b>		
5. SEX <b>male</b> 0	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Oct. 17, 1886</b>	9. AGE (In years last birthday) <b>65</b>	IF UNDER 1 YEAR Months <b>5</b> Days <b>26</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>R.R. Section laborer retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>retired</b>	11. BIRTHPLACE (State or foreign country) <b>Morgan Co, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>James C. Smith</b>		13b. MOTHER'S MAIDEN NAME <b>Emma Braden</b>	14. NAME OF HUSBAND OR WIFE <b>Nolia Ann Smith</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b> x	16. SOCIAL SECURITY NO. <b>708-14-6630</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Nolia Ann Smith, Chilhowee, Mo.</b>			
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) <b>Pulmonary edema</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arteriosclerosis</b> DUE TO (c) <b>asthma</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Influenza bronchitis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>2 hrs</b> <b>months</b> <b>30 yrs</b> <b>30 yrs</b>
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? <b>241X</b>			
22. I hereby certify that I attended the deceased from <b>4/11</b> 1950, to <b>4/11</b> 1950, that I last saw the deceased alive on <b>4/11</b> 1950, and that death occurred at <b>9 AM</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>Earl Lowell M. D. D.</b> (Degree or title)			23b. ADDRESS <b>Holden Rd</b>		23c. DATE SIGNED <b>4/12/50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>4/15/50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Chilhowee</b>	24d. LOCATION (City, town, or county) (State) <b>Chilhowee, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>4-14-1950</b>	REGISTRAR'S SIGNATURE <b>Maurice Stankard</b> 148	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J.W. Cook, Chilhowee, Missouri.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED  
APR 30 1950  
REGISTERED

JOHNSON COUNTY HEALTH DEPT.

MAY 3 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 \_\_\_\_\_

Licensed Embalmer No. 4235

P. O. Address Cheshovee, 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.