No. 300
10.48

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

FILED MAY 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15605

BIRTH NO. _____ REG. DIST. NO. 339 PRIMARY REG. DIST. NO. 4502 Registrar's No. 8

1030 1

1. PLACE OF DEATH
a. COUNTY Stoddard
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Puxico
c. LENGTH OF STAY (in this place) 8yrs
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 Missouri
b. COUNTY Stoddard
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Puxico, 1030
d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED (Type or Print)
a. (First) John
b. (Middle) W. E.
c. (Last) Smith

4. DATE OF DEATH (Month) Apr. (Day) 6 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH July 8 1874
9. AGE (In years last birthday) 75 — IF UNDER 1 YEAR: Months 8, Days 28, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Realtor + Farmer
10b. KIND OF BUSINESS OR INDUSTRY Realtor
11. BIRTHPLACE (State or foreign country) Sugar Tree, Tenn.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Alexander H Smith
13b. MOTHER'S MAIDEN NAME Belle Vice
14. NAME OF HUSBAND OR WIFE Olivia C. Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Olivia C. Smith **ADDRESS** Puxico 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) Edema of Lungs Gradual — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Congestive Heart Failure

DUE TO (c) Arteriosclerosis + Hypertension

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* 443X

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* Aug, 1949, *to* April, 1950, *that I last saw the deceased alive on* Apl. 5th, 1950, *and that death occurred at* 11-A. m., *from the causes and on the date stated above.*

23a. SIGNATURE C. S. Davis (Degree or title) M.D.
23b. ADDRESS Doniphan Mo
23c. DATE SIGNED 4-13-1950

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Apr. 8 1950
24c. NAME OF CEMETERY OR CREMATORY Florence Cemetery
24d. LOCATION (City, town, or county) Florence (State) Ala.

DATE REC'D BY LOCAL REG. 4-20-50
REGISTRAR'S SIGNATURE Floyd Morgan 358
25. FUNERAL DIRECTOR'S SIGNATURE Floyd Morgan **ADDRESS** Puxico Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED MAY 1 19
District Health Office No.
District File Number 550 -
Date Filed

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 Ira E. Meadows

Licensed Embalmer No. 4637

P. O. Address Pupico, 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.