

FILED MAY 25 1950

STANDARD CERTIFICATE OF DEATH

State File No. 16236

BIRTH NO. REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 123

1. PLACE OF DEATH
a. COUNTY Cole
b. CITY (If outside corporate limits, write RURAL and give township) Jefferson City 6.5 mi
c. LENGTH OF STAY (In this place) 6.5 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION 613 Monroe

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Cole
c. CITY (If outside corporate limits, write RURAL and give township) Jefferson City 0264
d. STREET ADDRESS (If rural, give location) 613 Monroe

3. NAME OF DECEASED
a. (First) William F. b. (Middle) c. (Last) Smith

4. DATE OF DEATH (Month) (Day) (Year)
May 19 1950

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, SEPARATED, DIVORCED (Specify) Never Married

8. DATE OF BIRTH Sept. 1 1966

9. AGE (In years last birthday) 83 Months 8 Days 18 Hours

10a. USUAL OCCUPATION (If deceased was ever engaged in any occupation, give it, even if retired) 613 Monroe

10b. KIND OF BUSINESS OR INDUSTRY Railroad

11. BIRTHPLACE (State or foreign country) Perry, Mo.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Richard Smith

13b. MOTHER'S MAIDEN NAME Lydia Howard

14. NAME OF HUSBAND OR WIFE Roy Smith 700 Jefferson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give unit or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME 613 Monroe
Roy Smith 700 Jefferson

18. CAUSE OF DEATH
Enter one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Decompensated Heart
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio-sclerotic
DUE TO (c) Generalized
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH 4.500

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) (Min.)

21e. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1, 1950 to May 19, 1950 that I last saw the deceased alive on May 18, 1950 and that death occurred at 7 A. M., from the causes and on the date stated above.

23a. SIGNATURE D.G. Bruce M.D. (Degree or title)

23b. ADDRESS Jefferson City Mo

23c. DATE SIGNED 5/20/50

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE May 21-50

24c. NAME OF CEMETERY OR CREMATORY Greenwood

24d. LOCATION (City, town, or county) (State) Jefferson City Mo

DATE REC'D BY LOCAL REG. May 20 1950

REGISTRAR'S SIGNATURE R.P. Davis MD. JR.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Samuel Lewine 700 Jefferson

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

264

Bureau

----- District File Number -----

District Health Officer No. 9,

RECEIVED
MAY 22 1950

MAY 25 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 *J. P. Anderson*

Licensed Embalmer No. *3641*

P. O. Address *Jews*

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.