No. 300
10.48

FILED MAY 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16589

BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024 Registrar's No. 61

1451
0

1. PLACE OF DEATH
a. COUNTY Howard
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Fayette
c. LENGTH OF STAY (In this place) 45 da.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lee Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Howard
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Fayette 0451
d. STREET ADDRESS (If rural, give location) 107 Watts 0

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

4. DATE OF DEATH (Month) May (Day) 9, (Year) 1950

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH June 7, 1857
9. AGE (In years last birthday) 92 — IF UNDER 1 YEAR: Months 11, Days 0 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Manager
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Howard Co. Missouri 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Nathaniel H. Smith
13b. MOTHER'S MAIDEN NAME Mary Bowers
14. NAME OF HUSBAND OR WIFE Matilda J. Brown

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. None
17. INFORMANT'S SIGNATURE OR NAME G. G. Smith — **ADDRESS** Fayette, 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) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 10 yrs.
DUE TO (c) — 33 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Endarteritis L. leg — 1 week

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION none
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* July 1947, *to* May 9, 1950, *that I last saw the deceased alive on* 9 May, 1950, *and that death occurred at* 2:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE M. C. Shaw (Degree or title) M.D.
23b. ADDRESS Fayette, Mo.
23c. DATE SIGNED 5-10-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 5/11/50
24c. NAME OF CEMETERY OR CREMATORY Fayette City Cemetery
24d. LOCATION (City, town, or county) Fayette, (State) Mo

DATE REC'D BY LOCAL REG. 5-16-50
REGISTRAR'S SIGNATURE Mary K. Shell 436
25. FUNERAL DIRECTOR'S SIGNATURE Ralph A. Carr — **ADDRESS** Fayette, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAY 15
District Health Officer No. 8,
District File Number.....
Date Filed 5/17/50

APR 21 1952

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.

Signed Ralph A Carr

Signed .....
Student Embalmer

Licensed Embalmer No. 3340

P. O. Address Fayette Me

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.