

FILED MAY 31 1950

STANDARD CERTIFICATE OF DEATH

State File No. 17109
Registrar's No. 101

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028

1930

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

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) Carthage		c. CITY (If outside corporate limits, write RURAL and give township) Carthage	
c. LENGTH OF STAY (In this place) 19 Days		d. STREET ADDRESS (If rural, give location) 831 Howard St.,	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) McCune Brooks Hosp.			

3. NAME OF DECEASED (Type or Print)	a. (First) Lloyd	b. (Middle) D.	c. (Last) SMITH	4. DATE OF DEATH (Month) (Day) (Year) May 22, 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 5, 1888	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months 3 Days 17	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) General Supt.	10b. KIND OF BUSINESS OR INDUSTRY Construction	11. BIRTHPLACE (State or foreign country) Wymore, Nebr. /	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Frank Smith	13b. MOTHER'S MAIDEN NAME Elizabeth Cole	14. NAME OF HUSBAND OR WIFE Cecile Graves Smith
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 499 16 776	17. INFORMANT'S SIGNATURE OR NAME Mrs. Cecile Smith	ADDRESS 831 Howard Carthage, 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, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 9 mo +
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Reticulum Cell Sarcoma		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		2000	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Biopsy of lymph node - Reticulum Cell Sarcoma	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____ m.	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 **Oct**, 19**49**, to **5-21**, 19**50**, that I last saw the deceased alive on **5-20**, 19**50**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE D. Kussel Smith (Degree or title)	23b. ADDRESS Carthage Mo	23c. DATE SIGNED 5-22-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-24-1950	24c. NAME OF CEMETERY OR CREMATORY Park Cemetery	24d. LOCATION (City, town, or county) (State) Carthage, Mo.
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DATE REC'D BY LOCAL REG. May 24-50	REGISTRAR'S SIGNATURE L. B. Clinton	25. FUNERAL DIRECTOR'S SIGNATURE Ulmer Funeral Home	ADDRESS Carthage, Mo.
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RECEIVED 5-29-50
Jasper County Health Office

County File Number 50-5-422

Date Filed 5-29-50

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. 4194

P. O. Address _____

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.