

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 31 1950

State File No. 17154
Registrar's No. 297

BIRTH NO. _____ REG. DIST. NO. 186 PRIMARY REG. DIST. NO. 2001

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) OR TOWN Joplin		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City 0492	
d. FULL NAME OF HOSPITAL OR INSTITUTION Freeman Hospital		d. STREET ADDRESS (If rural, give location) 929 N. Hall	

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) Emmitt c. (Last) Smith			4. DATE OF DEATH (Month) (Day) (Year) May 11, 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 March 2, 1921	9. AGE (In years last birthday) 29	IF UNDER 1 YEAR Months 2	IF UNDER 24 HRS. Days 9	Hours 	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer for Carthage Marble Co.	10b. KIND OF BUSINESS OR INDUSTRY Marble Co.	11. BIRTHPLACE (State or foreign country) Webb City, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Oral Smith	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Jewell Smith
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 497-12-7187	17. INFORMANT'S SIGNATURE OR NAME Mrs. Jewell Smith	ADDRESS 929 N. Wall St.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subacute bacterial endocarditis		INTERVAL BETWEEN ONSET AND DEATH 6 mo. 9 mo + 400X
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) rheumatic fever ✓		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) quarry	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) near Carthage Jasper. Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 18 1949 ? m.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Truck tipped.
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22. I hereby certify that I attended the deceased from **12-2**, 19**49**, to **5-11**, 19**50**, that I last saw the deceased alive on **5-11**, 19**50**, and that death occurred at **9:40A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Spangerson M.D.	23b. ADDRESS Webb City, Mo.	23c. DATE SIGNED 5/12/50.
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 14, 1950	24c. NAME OF CEMETERY OR CREMATORY Carterville Cemetery	24d. LOCATION (City, town, or county) (State) Carterville, Missouri
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DATE REC'D BY LOCAL REG. 5-15-50	REGISTRAR'S SIGNATURE Edw. James 138	25. FUNERAL DIRECTOR'S SIGNATURE Johnston-Arnce-Simpson	ADDRESS Webb City, Mo.
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RECEIVED 5-29-50
Jasper County Health Office

County File Number: 50-5-426

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.

Signed Harvey E. Price

Licensed Embalmer No. 4463

Signed _____
Student Embalmer

P. O. Address Well City, 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.