

FILED JUN 6 1950

## STANDARD CERTIFICATE OF DEATH

State File No. 17319

BIRTH NO. 28994-50 REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 3036 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY <b>Lawrence</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Lawrence</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Aurora</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Aurora</b> <b>0551</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Aurora Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>111 W. College St</b>	
3. NAME OF DECEASED (Type or Print) <b>Wayne</b>		a. (First) <b>J</b> b. (Middle) <b>Smith</b> c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) <b>May 25 1950</b>		5. SEX <b>0</b> 6. COLOR OR RACE <b>Male White</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Infant 0</b>		8. DATE OF BIRTH <b>5/24/50</b>	
9. AGE (In years last birthday) <b>0</b> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. <b>13 15</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>	
10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (State or foreign country) <b>Aurora Mo</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Gene D Smith</b>	
13b. MOTHER'S MAIDEN NAME <b>Virginia Rapp</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Gene D. Smith - Aurora Mo.</b>		ADDRESS	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		<b>Heart failure - 7 1/2 hours</b>			
ANTECEDENT CAUSES		DUE TO (b)		<b>Actual cause of death</b>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)		<b>Atelectasis</b>	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		<b>13 hrs.</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **May 24, 1950** to **May 25, 1950**, that I last saw the deceased alive on **May 24, 1950**, and that death occurred at **5:35 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b>		(Degree or title) <b>M.D.</b>		23b. ADDRESS <b>Aurora Mo.</b>		23c. DATE SIGNED <b>5/25/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>5/25/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Odd Fellows Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Marionville Mo.</b>	
DATE REC'D BY LOCAL REG. <b>May 25 50</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>		ADDRESS <b>Marionville Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—55 P. 300

RECEIVED MAY 31 1950

District Health Office No. 6,

District File Number 650-631

Date Filed 6-3-50

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

*Herman Currie*

Licensed Embalmer No. 3072

P. O. Address Marionville

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.