

FILED JUL 11 1950

BIRTH NO. _____ REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **6093** Registrar's No. **170**

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

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Clinton	
b. CITY (If outside corporate limits, write RURAL and give town) Rural TOWN Marshall, Township	c. LENGTH OF STAY (in this place) 4 years	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN none given. Probably rural	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri State School, Marshall, Mo.		d. STREET ADDRESS (If rural, give location) 0259 1	

3. NAME OF DECEASED (Type or Print) a. (First) Stanley	b. (Middle) Oviatt	c. (Last) Smith	4. DATE OF DEATH (Month) (Day) (Year) July 1, 1950
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) unmarried	8. DATE OF BIRTH April 16, 1922	9. AGE (In years last birthday) 28	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) Kansas City, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Samuel Oviatt Smith	13b. MOTHER'S MAIDEN NAME Bottie M. Boschers	14. NAME OF HUSBAND OR WIFE none
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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. none	17. INFORMANT'S SIGNATURE OR NAME Records of Missouri State School, Marshall, Mo.	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) pulmonary Tuberculosis		INTERVAL BETWEEN ONSET AND DEATH do not know
	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. none		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION none	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)
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?

22. I hereby certify that I attended the deceased from **6-13**, 19**50**, to **7-1**, 19**50**, that I last saw the deceased alive on **July 1**, 19**50**, and that death occurred at **11 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE Francis J. Nichols	(Degree or title) M.D.	23b. ADDRESS Missouri State School, Marshall, Mo.	DATE SIGNED 7-2-1950
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE July 5, 1950	24c. NAME OF CEMETERY OR CREMATORY Mt. Hope cemetery	24d. LOCATION (City, town, or county) (State) Corning, Mo.
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DATE REC'D BY LOCAL REG. July 4-1950	REGISTRAR'S SIGNATURE Bridget Gray	25. FUNERAL DIRECTOR'S SIGNATURE CAMPBELL-LEWIS-MARSHALL-MO.	ADDRESS 385
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RECEIVED 7-10-50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 7-10-50

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 Joe. A. Reese

Signed _____
Student Embalmer

Licensed Embalmer No. 1171

P. O. Address Marshall, 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.