

FILED JUL 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22578

| | | | | | | | |
|---|------------------------|--|---|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 365 | | PRIMARY REG. DIST. NO. 6239 | | Registrar's No. 7 | |
| 1. PLACE OF DEATH a. COUNTY Washington | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Washington | | | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural, Bellevue Twsp. | | c. LENGTH OF STAY (in this place) 40 yr | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Bellevue Twsp. | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 2 mi. west of Caledonia | | | | d. STREET ADDRESS (If rural, give location) 2 mi. west of Caledonia | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Arthur b. (Middle) Smith c. (Last) Smith | | | 4. DATE OF DEATH July 1st. 1950 (Month) (Day) (Year) | | | | |
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH Dec. 17 1891 | | 9. AGE (In years last birthday) 58 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) Bridgeport Ala. | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Pete Smith | | 13b. MOTHER'S MAIDEN NAME Cordenia Holt | | 14. NAME OF HUSBAND OR WIFE Cynthia Smith | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. no | | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Arthur Smith, Caledonia Mo. 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | <p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis</p> <p>ANTECEDENT CAUSES DUE TO (b) Hypertension DUE TO (c)</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p> | | | | | INTERVAL BETWEEN ONSET AND DEATH 1201 |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) 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 _____, 19____, to 7 / 1, 1950, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <i>E. J. Hummel</i> | | | | 23b. ADDRESS <i>Caledonia Mo.</i> | | 23c. DATE SIGNED | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 7-3-50 | 24c. NAME OF CEMETERY OR CREMATORY Methodist Cemetery | | 24d. LOCATION (City, town, or county) (State) Caledonia Missouri | | |
| DATE REC'D BY LOCAL REG. 7-7-50 | | REGISTRAR'S SIGNATURE <i>Elba D. White</i> 336 | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS White Funeral Home, Ironton Mo. <i>Annell J. White</i> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

RECEIVED

JUL 11 1950

WASH COUNTY HEALTH DEPT.

PH No. 750-11

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 Arnell White

Licensed Embalmer No. 3012

P. O. Address Quincy, 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.