

FILED AUG 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23243

BIRTH NO. _____		REG. DIST. NO. 120		PRIMARY REG. DIST. NO. 3442		Registrar's No. 138	
1. PLACE OF DEATH a. COUNTY Home Gentry Co.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Gentry			
b. CITY (If outside corporate limits, write RURAL and give township) Ford City Mo.				c. CITY (If outside corporate limits, write RURAL and give township) Ford City Mo.			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION XXXXXXXXXXXX Home				d. STREET ADDRESS (If rural, give location) D			
3. NAME OF DECEASED (Type or Print) Ernest W.A. Smith				4. DATE OF DEATH (Month) (Day) (Year) July.7.1950			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 3.6.1886	
9. AGE (In years last birthday) 64		10. UNDER 1 YEAR Months 4 Days 11		11. BIRTHPLACE (State or foreign country) Mo. D		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hatcheryman				10b. KIND OF BUSINESS OR INDUSTRY Same			
13a. FATHER'S NAME James Smith		13b. MOTHER'S MAIDEN NAME Alice Sutton		14. NAME OF HUSBAND OR WIFE Dixie			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Merchant marines		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dixie Smith Ford City Mo.			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio sclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3 hours 4 yrs 394X	
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)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> 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 JAN 10, 1946, to 7.7, 1950, that I last saw the deceased alive on 7.7.1950, and that death occurred at 3:45A.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Jack H. Barnes D.O.				23b. ADDRESS King City Mo		23c. DATE SIGNED 7.8.1950	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7.10.1950		24c. NAME OF CEMETERY OR CREMATORY Ford City		24d. LOCATION (City, town, or county) (State) Ford City Mo.	
DATE REC'D BY LOCAL REG. July 17-50		REGISTRAR'S SIGNATURE Edith Lewis 430		25. FUNERAL DIRECTOR'S SIGNATURE R.E. Yagor		ADDRESS King City Mo.	

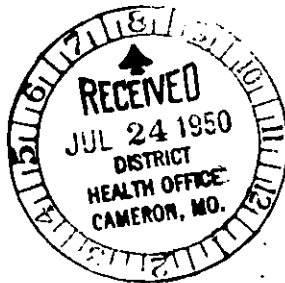
(Licensed Embalmer's Statement on Reverse Side)

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

OCT 3 1950

JAN 25 1951

JAN 9 1951



AUG 4 1950

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 R. G. Taggart

Licensed Embalmer No. 2563

P. O. Address King 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.