

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29736

FILED SEP 21 1950

BIRTH NO. _____		REG. DIST. NO. <u>61</u>		PRIMARY REG. DIST. NO. <u>4107</u>		Registrar's No. <u>46</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Cedar Co.</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ELDORADO SPRINGS</u>		c. LENGTH OF STAY (in this place)		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOMO</u>	
a. STATE <u>MO.</u>		b. COUNTY <u>Cedar</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ELDORADO SPRINGS, MO.</u>		d. STREET ADDRESS (If rural, give location) <u>409 E. SPRING ST.</u>	
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX	
a. (First) <u>HARRY</u>			b. (Middle) <u>N.</u>			c. (Last) <u>SMITH</u>	
(Type or Print)			6. DATE (Month) (Day) (Year) <u>9-3-50</u>			7. AGE (In years last birthday) <u>63</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED 1</u>		8. DATE OF BIRTH <u>AUG. 29, 1887</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Editor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Printing</u>		11. BIRTHPLACE (State or foreign country) <u>Osceola, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John S. Smith</u>			13b. MOTHER'S MAIDEN NAME <u>Annie B. Mahley</u>			14. NAME OF HUSBAND OR WIFE <u>Allen Smith</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>		16. SOCIAL SECURITY NO. <u>W.W.F.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Helen Smith</u>			
(If yes, give war or dates of service)		18. CAUSE OF DEATH		17. ADDRESS <u>409 E. Spring St.</u>			
(If yes, give war or dates of service)		Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 min.</u>			
		*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS			
		ANTECEDENT CAUSES		Conditions contributing to the death but not related to the disease or condition causing death.			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____			
		DUE TO (c) _____		DUE TO (c) _____			
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 <u>3 Sept 1950</u> , to <u>3 Sept 1950</u> , that I last saw the deceased alive on <u>3 Sept 1950</u> , and that death occurred at <u>8:45 a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>John Hill MD</u>				23b. ADDRESS <u>Eldorado Springs, Mo.</u>		23c. DATE SIGNED <u>7 Sept 50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>9-7-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Eldorado Springs</u>		24d. LOCATION (City, town, or county) (State) <u>Eldorado Springs, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Sept. 7, 1950</u>		REGISTRAR'S SIGNATURE <u>Geo. W. N...</u>		F. FUNERAL DIRECTOR'S SIGNATURE <u>Del...</u>			

(Licensed Embalmer's Placement on Reverse Side)

418-0

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED, SEP 11, 1950

Dist. File 750-1704

Date Filed 9-19-50

SEP 26 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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Floyd B. Carothers

Signed.....
Student Embalmer

Licensed Embalmer No. 4419

P. O. Address Edwards Spring, 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.