

FILED SEP 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30191

State File No.

BIRTH NO. REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4218 Registrar's No. 27

422

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

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Henry</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Clinton</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Windsor</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ionia</u> | |
| c. LENGTH OF STAY (in this place) <u>6</u> days | | d. STREET ADDRESS (If rural, give location) <u>0080</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community Hospital</u> | | | |

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|---|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Ebenezer</u> b. (Middle) <u>William</u> c. (Last) <u>Smith</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 20, 1950</u> | | |
|---|--|--|--|--|--|

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|--------------------|-------------------------------|--|--|---|---|--------------------------------------|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Feb. 14, 1885</u> | 9. AGE (In years last birthday) <u>65</u> | IF UNDER 1 YEAR Months <u>7</u> Days <u>6</u> | IF UNDER 24 HRS. Hours <u>1</u> Min. |
|--------------------|-------------------------------|--|--|---|---|--------------------------------------|

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|--|--|-----------------------------------|--|---|--|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Manager Lumber Co.</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>Cole Camp, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U S A</u> | |
|--|--|-----------------------------------|--|---|--|--|--|

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|--|--|--|--|--|--|
| 13a. FATHER'S NAME <u>Edward O. Smith</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mabel Nickle</u> | | 14. NAME OF HUSBAND OR WIFE <u>Ora Alcorn Smith</u> | |
|--|--|--|--|--|--|

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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) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>495 10 0346</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. E. W. Smith, Ionia, Missouri</u> | | ADDRESS | |
|---|--|---|--|---|--|---------|--|

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| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u> | |
| | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> | | | | | |
| | | 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. | | | | | |

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|------------------------|--|----------------------------------|--|--|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) | |
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|--|--|--|--|----------------------------|--|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 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 9-15-50, 1950, to 9-20-50, 1950, that I last saw the deceased alive on 9-20-50, 1950, and that death occurred at 3:00p.m., from the causes and on the date stated above.

| | | | | | |
|--|--|-----------------------------------|--|------------------------------------|--|
| 23a. SIGNATURE (Degree or title) <u>Dr. Windsor</u> | | 23b. ADDRESS <u>Windsor Mo</u> | | 23c. DATE SIGNED <u>9-22-50</u> | |
|--|--|-----------------------------------|--|------------------------------------|--|

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|--|--|-----------------------------|--|---|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>9-22-50</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Ionia Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Ionia, Missouri</u> | |
|--|--|-----------------------------|--|---|--|---|--|

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| DATE REC'D BY LOCAL REG. <u>Sept 22 1950</u> | | REGISTRAR'S SIGNATURE <u>Florence Adair</u> | | 422 | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Huston-Turner, Windsor, Mo</u> | |
|---|--|--|--|-----|--|---|--|

RECEIVED 9-25-50

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 9-25-50

EX-8

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 William M. Turner

Licensed Embalmer No. 4648

P. O. Address. Windsor, Me

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.