

FILED OCT 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30239

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>West Plains</u>	c. LENGTH OF STAY (In this place) <u>7 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Koshkonong Pt. 2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Stoll Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>0460</u>	

3. NAME OF DECEASED (Type or Print)
a. (First) John b. (Middle) Thomas c. (Last) Smith

4. DATE OF DEATH (Month) (Day) (Year)
Sept. 25 1950

5. SEX M. 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married

8. DATE OF BIRTH March 20 1874 9. AGE (In years last birthday) 76

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) Kentucky

12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Greenburg Smith 13b. MOTHER'S MAIDEN NAME UNKNOWN 14. NAME OF HUSBAND OR WIFE None

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 Alfred Beach ADDRESS Koshkonong Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis

INTERVAL BETWEEN ONSET AND DEATH 1 yr

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Rheumatic HT. 1 yr

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. -

19a. DATE OF OPERATION 0 19b. MAJOR FINDINGS OF OPERATION - 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 9/18, 1950, to 9/25, 1950, that I last saw the deceased alive on 9/25, 1950, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE J. B. Stee m.d. (Degree or title) 23b. ADDRESS West Plains 23c. DATE SIGNED 9/27/50

24a. BURIAL OR CREMATION REMOVAL (Specify) Burial 24b. DATE 9-26-50 24c. NAME OF CEMETERY OR CREMATORY MINT SPRING 24d. LOCATION (City, town, or county) (State) Howell Mo.

DATE REC'D BY LOCAL REG. 9-27-50 REGISTRAR'S SIGNATURE Beatrice Cook 379 25. FUNERAL DIRECTOR'S SIGNATURE Higginbotham ADDRESS Funeral Home Salem Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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

RECEIVED OCT 2 1950

Dist. File 1050-2032

Date Filed 10-2-50

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.