

FILED OCT 2 1950

STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10. 48

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

BIRTH NO. _____		REG. DIST. NO. <u>143</u>		PRIMARY REG. DIST. NO. <u>5560</u>		Registrar's No. <u>226</u>		
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>Willow Springs Twp.</u>		c. LENGTH OF STAY (In this place) <u>15 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Willow Springs,</u>		<u>0460</u>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Willow Springs Outing Club</u>				d. STREET ADDRESS (If rural, give location) _____				
3. NAME OF DECEASED (Type or Print) <u>Bennett Ottis Smith</u>			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>9-15-50</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>9/7/1877</u>		
9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR Months <u>0</u>		IF UNDER 1 YEAR Days <u>3</u>		IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Club caretaker</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>watchman</u>			11. BIRTHPLACE (State or foreign country) <u>Tennessee</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>			13a. FATHER'S NAME <u>Jonathan L. Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Millie C. Smith</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>James Smith, Willow Springs, Mo.</u> 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive cardiac</u> DUE TO (c) <u>Cerebral disease</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u> <u>10 to 20 years</u> <u>H23X</u>	
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>Sept 2</u> , 19 <u>50</u> , to <u>Sept 13</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Sept 13</u> , 19 <u>50</u> , and that death occurred at <u>9 A. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Willow Springs, Mo.</u>		23c. DATE SIGNED <u>Sept 15 50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>9/15/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Willow Springs, Mo</u>		
DATE REC'D BY LOCAL REG. <u>Sept 25, 1950</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. C. Burns</u>		ADDRESS <u>Willow Springs, Mo.</u>		

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

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Dist. File 9 50 - 2 009

Date Filed 9 - 28 - 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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed [Signature]

Licensed Embalmer No.

P. O. Address

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.