

FILED NOV 30 1950

STANDARD CERTIFICATE OF DEATH

State File No. 36431

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 65 PRIMARY REG. DIST. NO. 5257 Registrar's No. 184

1. PLACE OF DEATH a. COUNTY <b>Chariton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Chariton</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Mendon Rural</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Mendon Rural</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <b>1210</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b> b. (Middle) <b>G. Smith</b> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov 2nd 1950</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct 4th 1872</b>	9. AGE (In years last birthday) <b>78</b>	10. CITIZEN OF WHAT COUNTRY? <b>USA</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <b>Farmer</b>		11. BIRTHPLACE (State or foreign country) <b>Newhall Mo.</b>	

13a. FATHER'S NAME <b>William Smith</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Smutz</b>		14. NAME OF HUSBAND OR WIFE <b>Elba A Smith</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Elba A. Smith</b>	
				ADDRESS <b>Mendon Mo</b>	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis in location</b>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <b>Arterio sclerosis</b>		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<b>4201</b>	

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 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 4-25-50, 1950, to 11-2, 1950, that I last saw the deceased alive on 10-18, 1950, and that death occurred at 4:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE <b>Robert W. Smith M.D.</b>		23b. ADDRESS <b>Maconline, Mo</b>		23c. DATE SIGNED <b>11-6-50</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>11/5/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Siloam</b>	
				24d. LOCATION (City, town, or county) (State) <b>Near Mendon Mo.</b>	

DATE REC'D BY LOCAL REG. <b>11-5-1950</b>		REGISTRAR'S SIGNATURE <b>Mildred Boone</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>L. A. Keppard</b>	
				ADDRESS <b>Mendon Mo</b>	

(Licensed Embalmer's Statement on Reverse S38c)

NOV 29 1951

Date Received: NOV 29 1951  
DISTRICT HEALTH OFFICE #1  
District File Number 11-50-20  
Date Filed: NOV 29 1951

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 *L. L. Ripard*

Licensed Embalmer No. *3970*

P. O. Address *Mendon 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.