

FILED DEC 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36542

BIRTH NO. _____ REG. DIST. NO. 88 PRIMARY REG. DIST. NO. 451 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY Crawford		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Crawford	
b. CITY (If outside corporate limits, write RURAL and give town) Steelville		c. CITY (If outside corporate limits, write RURAL and give township) Hinch	
c. LENGTH OF STAY (in this place township) 30 days		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) Homer	b. (Middle) Clayborn	c. (Last) Smith	4. DATE OF DEATH (Month) (Day) (Year) Nov. 16, 1950.
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5. SEX male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH July 5, 1878	9. AGE (in years last birthday) 72	IF UNDER 1 YEAR Months 4 Days 11	IF UNDER 24 HRS. Hours 11 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	10b. KIND OF BUSINESS OR INDUSTRY farmer	11. BIRTHPLACE (State or foreign country) Coleman County, Texas.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME George L. Smith	13b. MOTHER'S MAIDEN NAME Martha Westover	14. NAME OF HUSBAND OR WIFE Clara Smith
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Geo. Smith, Steelville, Missouri.	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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pericious anemia		INTERVAL BETWEEN ONSET AND DEATH 3 months
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) senile debility		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			2700

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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Sept 11, 1950**, to **Nov 16, 1950**, that I last saw the deceased alive on **Nov. 16, 1950**, and that death occurred at **9:10 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE William H. Robey (Degree or title) MD	23b. ADDRESS Steelville Mo	23c. DATE SIGNED 11/20/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Nov. 19/50	24c. NAME OF CEMETERY OR CREMATORY Hardy Cemetery	24d. LOCATION (City, town, or county) (State) Hinch Missouri
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DATE REC'D BY LOCAL REG. 11-29-50	REGISTRAR'S SIGNATURE [Signature] 76	25. FUNERAL DIRECTOR'S SIGNATURE Thomas S. Halbert, Steelville, Mo.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

280
1

280
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File No. _____
DISTRICT HEALTH OFFICE No. 4

DEC - 2 1950

RECEIVED

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 *Thomas S. Halbert*

Licensed Embalmer No. 4332

P. O. Address Steelville, Missouri

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.