

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10465

FILED DEC 27 1950

BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 5482 Registrar's No. 101

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Harrison</u>	
b. CITY OR TOWN <u>Rural - Adams</u>	c. LENGTH OF STAY (in this place) <u>50 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Adams</u> / 0410	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Rural - Adams</u>		d. STREET ADDRESS (If rural, give location) <u>6 mi. SE of Bethany</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>David</u> b. (Middle) <u>Wm.</u> c. (Last) <u>Smith</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 13 1950</u>		
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>Mar. 4, 1865</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>9</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Sullivan Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>Sam Smith</u>	13b. MOTHER'S MAIDEN NAME <u>Francis E. Humphrey</u>	14. NAME OF HUSBAND OR WIFE <u>Maudie Smith</u>
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. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Maudie Smith - Adams Sup.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bacterial pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>senile eye green</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>331X</u>	

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 11-8-1950, to 12-13-1950, that I last saw the deceased alive on 12-18-1950, and that death occurred at 10 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C. Stover, M.D.</u>		23b. ADDRESS <u>Hilman City, Mo.</u>	23c. DATE SIGNED <u>12-19-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-14-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Christian Union</u>	24d. LOCATION (City, town, or county) (State) <u>Hilman City, Mo.</u>
DATE REC'D BY LOCAL REG. <u>12/20/50</u>	REGISTRAR'S SIGNATURE <u>Zola Burris</u> 116	25. FUNERAL DIRECTOR'S SIGNATURE <u>W.B. Land</u> ADDRESS <u>Bethany Mo.</u>	

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

2410



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 *M. H. Land*

Licensed Embalmer No. 3899

P. O. Address Bethany Mo.

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.