

FILED JAN 21 1951

STANDARD CERTIFICATE OF DEATH

State File No. 1843

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Pruchon amon

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY Marion			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ralls		
b. CITY (If outside corporate limits, write RURAL and give township) Hannibal		c. LENGTH OF STAY (In this place) 1/9/51	c. CITY (If outside corporate limits, write RURAL and give township) New London		0870
d. FULL NAME OF HOSPITAL OR INSTITUTION Levering Hosp.			d. STREET ADDRESS (If rural, give location) 1		
3. NAME OF DECEASED (Type or Print) a. (First) Hershhal Langdon Smith b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) January 12, 1951		
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 7, 1884	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months 5 Days 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (State or foreign country) Ralls County Missouri		12. CITIZEN OF WHAT COUNTRY? U S A
13a. FATHER'S NAME David H. Smith		13b. MOTHER'S MAIDEN NAME Susan Augusta Lucas	14. NAME OF HUSBAND OR WIFE Mary Elizabeth Neal Smith		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Hershhal L. Smith New London Missouri			
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) <i>Several Vascular Accidents</i>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arteriosclerotic Cardiovascular Disease</i> DUE TO (c) <i>Thrombosis</i>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>44800</i>				INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i>  <i>5 yrs.</i>
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 <i>Jan. 9</i> , 19 <i>51</i> , to <i>Jan. 12</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>Jan. 12</i> , 19 <i>51</i> , and that death occurred at <i>2:30 Pm.</i> , from the causes and on the date stated above.					
23a. SIGNATURE <i>H. L. Landman</i>		(Degree or title) M. D.	23b. ADDRESS 1001 Bdwy, Hannibal, Mo.		23c. DATE SIGNED 1-17-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/15/1951	24c. NAME OF CEMETERY OR CREMATORY Barkley Cem.	24d. LOCATION (City, town, or county) (State) New London Missouri		
DATE REC'D BY LOCAL REG. 1-18-51	REGISTRAR'S SIGNATURE <i>Dr. E. M. Lucas</i>	FUNDAL DIRECTOR'S SIGNATURE <i>W. J. Crawford</i>	ADDRESS Hannibal Missouri		

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JAN 26 1951  
U. S. HEALTH DEPT.  
DATE FILED JAN 28 1951

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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

*John S. Ward*

Signed.....

Student Embalmer

Licensed Embalmer No. .... 4540

P. O. Address Hannibal 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.