

STANDARD CERTIFICATE OF DEATH

FILED FEB 21 1951

State File No.

BIRTH NO. 0040 REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 4021 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Adrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Adrain</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Laddonia, Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Laddonia, Mo.</u>	
c. LENGTH OF STAY (In this place) <u>5 days</u>		d. STREET ADDRESS (If rural, give location) <u>Britton Nursing Home.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Jesse</u> b. (Middle) <u>Arthur</u> c. (Last) <u>Smith.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 12 1951.</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married 1</u>	8. DATE OF BIRTH <u>June 12-1871</u>	9. AGE (In years last birthday) <u>79</u> Months <u>8</u> Days <u>-</u> Hours <u>-</u> Min. <u>-</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Ralls County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Powell Smith.</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Dowell</u>	14. NAME OF HUSBAND OR WIFE <u>Henrietta Smith.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Henrietta Smith</u>	ADDRESS <u>Laddonia, Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Chronic</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis</u>		

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)	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 Jan 12, 1951, to Feb 12, 1951, that I last saw the deceased alive on Feb 12, 1951, and that death occurred at 9 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. H. McCall</u>	(Degree or title)	23b. ADDRESS <u>Laddonia, Mo.</u>	23c. DATE SIGNED <u>2-13-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 14, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Laddonia Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Laddonia, Mo.</u>
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DATE RECD BY LOCAL REG. <u>Feb-14, 1951</u>	REGISTRAR'S SIGNATURE <u>Matthew G. Keenan</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clyde C. Wilbey</u>	ADDRESS <u>Laddonia, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: FEB 19 1951
DISTRICT HEALTH OFFICE #2
District File Number 7-57-39
Date Filed: FEB 19 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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

Dwight C. Wilkey

Licensed Embalmer No. *3820*

P. O. Address *Ferry 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.