No. 300
10.48

FILED FEB 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4378

BIRTH NO. _____ REG. DIST. NO. 111 PRIMARY REG. DIST. NO. 5426 Registrar's No. 7

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pacific Rural (Bates)
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): —

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pacific (Rural) (Balentrop)
d. STREET ADDRESS (If rural, give location): R.F.D. #1 0360 A

3. NAME OF DECEASED (Type or Print): a. (First) LYMAN b. (Middle) Peck c. (Last) Smith
4. DATE OF DEATH (Month) (Day) (Year): Feb. 10, 1951
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 1, 1895
9. AGE (In years last birthday): 55 IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Crane operator
10b. KIND OF BUSINESS OR INDUSTRY: Gravel Plant
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY? USA.
13a. FATHER'S NAME: Wm H. Smith
13b. MOTHER'S MAIDEN NAME: Anna Peck
14. NAME OF HUSBAND OR WIFE: Marie Smith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 487-12-4661
17. INFORMANT'S SIGNATURE OR NAME: Marie Smith ADDRESS: Pacific Mo

MEDICAL CERTIFICATION

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) Coronary Embolus — INTERVAL BETWEEN ONSET AND DEATH: 10:PM 2/9/51 to 2:45AM 2/10/51

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Infarction of myocardium
DUE TO (c) due to embolism

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

4201

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* Feb 10, 1951, *that I last saw the deceased alive on* Feb 10, 1951, *and that death occurred at* 2:45 Am., *from the causes and on the date stated above.*

23a. SIGNATURE: C. S. Leffler D.O. (Degree or title)
23b. ADDRESS: Pacific, Missouri
23c. DATE SIGNED: Feb. 10, 1951
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-12-51
24c. NAME OF CEMETERY OR CREMATORY: Sunset Cemy.
24d. LOCATION (City, town, or county) (State): Pacific Mo.
DATE REC'D BY LOCAL REG.: Feb-12-51
REGISTRAR'S SIGNATURE: Mary B. Green 94
25. FUNERAL DIRECTOR'S SIGNATURE: Geo. L. Theiss ADDRESS: Pacific, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
FEB 19 1951
DISTRICT HEALTH OFFICE No. 4
File No. .....

MAR 1 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 Jno. L. Shelhes

Licensed Embalmer No. 3008

P. O. Address Pacific, 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.