

FILED APR 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9577

0812

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

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Texas	
b. CITY OR TOWN Rolla		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hickling	
c. LENGTH OF STAY (If in this place) 2 Days		d. STREET ADDRESS (If rural, give location) 776 1070	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rolla Hospital			
3. NAME OF DECEASED a. (First) Edwin b. (Middle) Harrison c. (Last) Smith			4. DATE OF DEATH (Month) (Day) (Year) 3-22-1951
5. SEX m	6. COLOR OR RACE w	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 11-24-79
9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Months 3	IF UNDER 1 YEAR Days 22
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Jeweler		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Mo
12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME John Harrison Smith		13b. MOTHER'S MAIDEN NAME Hopkins	
14. NAME OF HUSBAND OR WIFE Ethel Pearl Smith		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	
16. SOCIAL SECURITY NO. L		17. INFORMANT'S SIGNATURE AND NAME Mrs. E. H. Smith	
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.		19. ADDRESS Hickling Mo	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE Ethel Pearl Smith (Degree or title)		23b. ADDRESS Rolla Mo	
23c. DATE SIGNED 3/22/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-24-51	24c. NAME OF CEMETERY OR CREMATORY HICKLING CEM	24d. LOCATION (City, town, or county) (State) HICKLING TEXAS
DATE REC'D BY LOCAL REG. Mar 24, 1951		REGISTRAR'S SIGNATURE Nadine L. Stollen	
350		25. FUNERAL DIRECTOR'S SIGNATURE Ferguson Hickling Mo	
		ADDRESS	

APR 7 1951

RECEIVED
Phelps County Health Officer,
County File Number _____
Date Filed April 3, 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.

Signed.....
Student Embalmer

Student Embalmer No

Signed Robert Ferguson

Licensed Embalmer No 3945

P. O. Address Leffingwell

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.