

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. 12172

FILED MAY 5 1957

S. No. 300
v. 10-48

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

BIRTH NO. _____		REG. DIST. NO. <u>110</u>	PRIMARY REG. DIST. NO. <u>4182</u>	Registrar's No. <u>6</u>
1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>FRANKLIN</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NEW HAVEN 0360</u>		
c. LENGTH OF STAY (in this place) <u>ALL</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>		
4. FULL NAME OF HOSPITAL OR INSTITUTION <u>NEW HAVEN MO</u>		5. NAME OF DECEASED a. (First) <u>WILLIAM</u> b. (Middle) <u>Y</u> c. (Last) <u>SMITH</u>		
6. DATE OF DEATH (Month) (Day) (Year) <u>4 28 51</u>		7. SEX <u>MALE</u> 8. COLOR OR RACE <u>COL</u> 9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		11. DATE OF BIRTH <u>OCT 1-1872</u> 12. AGE (In years last birthday) <u>79</u> 13. IF UNDER 1 YEAR (Month) (Day) (Hour) (Min.) <u>6 28</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>WARREN 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>DONT KNDW</u>		14. NAME OF HUSBAND OR WIFE <u>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>488-0737-66 Mrs. New Smith</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. New Smith</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Phlebotosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above, cause (a) stating the underlying cause last. DUE TO (b) _____ 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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NAT.</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4201</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>Wm. P. Shaffer</u> (Degree or title)		23b. ADDRESS <u>Shaffer Crown Sullivan Mrs</u>		23c. DATE SIGNED <u>4/28/57</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY <u>CITY</u> 24d. LOCATION (City, town, or county) (State) <u>NEW HAVEN MO</u>
DATE REC'D BY LOCAL REG. <u>Apr 30-57</u>		REGISTRAR'S SIGNATURE <u>Jessie G. ...</u> 43		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. P. ...</u> ADDRESS <u>New Haven MO</u>

(Licensed Embalmer's Statement on Reverse Side)

File No. _____
DISTRICT HEALTH OFFICE No. 4

MAY 3 1951

RECEIVED

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

Earl Perry

Licensed Embalmer No. *3385*

P. O. Address _____

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.