

FILED APR 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12351

State File No.

| | | | | | | | |
|---|--|---|--|---|--|---|--|
| BIRTH NO. | | REG. DIST. NO. <u>137</u> | | PRIMARY REG. DIST. NO. <u>3023</u> | | Registrar's No. <u>33</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Henry</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u> c. LENGTH OF STAY (in this place) <u>2 weeks</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wetzel Osteopathic Hospital</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u> <u>0804</u> d. STREET ADDRESS (If rural, give location) <u>1117 West 16th</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u> b. (Middle) <u>S.</u> c. (Last) <u>Smith</u> | | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 12, 1951</u> | | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>Dec. 13, 1878</u> | |
| 9. AGE (In years last birthday) <u>72</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Grocer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Grocery</u> | | 11. BIRTHPLACE (State or foreign country) <u>Pettis County, Missouri</u> | |
| 13a. FATHER'S NAME <u>Roland</u> | | | | 13b. MOTHER'S MAIDEN NAME <u>Hattie Dulaney</u> | | 14. NAME OF HUSBAND OR WIFE <u>Addie Smith</u> | |
| 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>Wetzel Hospital</u> <u>Clinton, Mo</u> | |
| 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. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>auricular fibrillation</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last: <u>following surgery</u> <u>gastrogenal fistula & gastric</u> <u>resection of lower 2nd & 3rd stomach</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |
| 19a. DATE OF OPERATION <u>4-9-51</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>hemorrhage of duodenal artery</u> | | | | 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) | | 21f. HOW DID INJURY OCCUR? | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | | | | |
| 22. I hereby certify that I attended the deceased from <u>April 2</u> , 19 <u>51</u> , to <u>April 12</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>April 12</u> , 19 <u>51</u> , and that death occurred at <u>6:22 p. m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>D.O.</u> | | | | 23b. ADDRESS <u>Clinton Mo</u> | | 23c. DATE SIGNED <u>Apr 14 1951</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>April 15, 1951</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Smithton cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Smithton Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>April-14-51</u> | | REGISTRAR'S SIGNATURE <u>Florence Adair</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Heckart</u> | | ADDRESS <u>Sedalia, Missouri</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 4-16-51
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 4-16-51 _____

AUG 29 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 _____

Licensed Embalmer No. 3470

P. O. Address Adelia 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.