

FILED APR 30 1951

STANDARD CERTIFICATE OF DEATH

State File No. **13632**

BIRTH NO. _____ REG. DIST. NO. **296** PRIMARY REG. DIST. NO. **6015** Registrar's No. **11**

880
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, write RURAL and give township) Huntsville Mo		c. CITY (If outside corporate limits, write RURAL and give township) Higbee Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION Pleasant View Home.		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) Joseph. H. Smith	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) April 15 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct 16 1864	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Brick Layer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Knox. Co	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME Dont Know	13b. MOTHER'S MAIDEN NAME Dont Know	14. NAME OF HUSBAND OR WIFE Austin Smith Higbee Mo
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Austin Smith Higbee Mo	ADDRESS Higbee Mo
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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 1 yr
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) chronic myocarditis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio sclerosis 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 none	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 4221
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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 **Mar 12, 1951**, to **April 13, 1951**, that I last saw the deceased alive on **April 13, 1951**, and that death occurred at **5 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE P. V. Dreyer MD	(Degree or title)	23b. ADDRESS Huntsville Mo	23c. DATE SIGNED 4/19/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 17 1951	24c. NAME OF CEMETERY OR CREMATORY Robb	24d. LOCATION (City, town, or county) (State) South of Higbee Mo
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DATE REC'D BY LOCAL REG. Apr. 21-1951	REGISTRAR'S SIGNATURE Mrs. L. A. Barnhart	25. FUNERAL DIRECTOR'S SIGNATURE Burton Funeral Home	ADDRESS Higbee Mo
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Date Received: APR 24 1951

DISTRICT HEALTH OFFICE #2

District File Number 4-51-798

Date Filed: APR 25 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 *W. J. Richmond* _____

Licensed Embalmer No. *3978* _____

P. O. Address *Harlow 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.