

FILED MAY 25 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16336

BIRTH NO.		REG. DIST. NO. 140		PRIMARY REG. DIST. NO. 3024		Registrar's No. 49		
1. PLACE OF DEATH a. COUNTY Howard				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Howard				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fayette		c. LENGTH OF STAY (If applicable place) 29 da.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fayette Rural Richmond Twp.				
d. FULL NAME OF HOSPITAL OR INSTITUTION Lee Hospital				d. STREET ADDRESS (If rural, give location) R. R. #5 0450				
3. NAME OF DECEASED (Type or Print) a. (First) Thomas			b. (Middle) Jesse		c. (Last) Smith		4. DATE OF DEATH (Month) May (Day) 18 , (Year) 1951	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Oct. 21, 1864	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR 6 Months	IF UNDER 24 HRS. 27 Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own Farm		11. BIRTHPLACE (State or foreign country) Howard Co. Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Albert W. Smith			13b. MOTHER'S MAIDEN NAME Anna Patterson		14. NAME OF HUSBAND OR WIFE Viranda Grigsby			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs Carl Snider ADDRESS Fayette, Mo				
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) Anemia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension - Cerebrovascular DUE TO (c) Generalized arteriosclerosis					INTERVAL BETWEEN ONSET AND DEATH 3 weeks 3 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 443X					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Minute)		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 June 1946 , to 18 May 1951 , that I last saw the deceased alive on 16 May 1951 , and that death occurred at 4:20 AM from the causes and on the date stated above.								
23a. SIGNATURE Mr. J. Shaw, M.D. (Degree or title)				23b. ADDRESS Fayette Mo.		23c. DATE SIGNED 19 May 51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/20/51		24c. NAME OF CEMETERY OR CREMATORY Fayette City Cemetery		24d. LOCATION (City, town, or county) (State) Fayette, Mo		
DATE REC'D BY LOCAL REG. 5-19-51		REGISTRAR'S SIGNATURE Mary A. Shello 436		25. FUNERAL DIRECTOR'S SIGNATURE Jaysh A. Carr ADDRESS Fayette, Mo				

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 5-24-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 5-24-51 _____

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.

Student Embalmer No.

Signed Ralph A. Cass

Signed.....
Student Embalmer

Licensed Embalmer No. 3340

P. O. Address Fayette 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.