

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19158

FILED MAY 24 1951

BIRTH NO. _____ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4498 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY SHELBY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY SHELBY	
b. CITY OR TOWN HUNNEWELL		c. CITY OR TOWN HUNNEWELL	
c. LENGTH OF STAY (In this place)		1020	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) MARTIN c. (Last) SMITH			4. DATE OF DEATH (Month) (Day) (Year) MAY 11 1951		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Nov. 20, 1890		9. AGE (In years last birthday) 70 If under 1 year: Months 5 Days 21 Hours 0 Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) SHELBY County Missouri	
13a. FATHER'S NAME ROBERT SMITH		13b. MOTHER'S MAIDEN NAME SUE GIVAN		14. NAME OF HUSBAND OR WIFE MYRA LEWIS SMITH	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. None.		17. INFORMANT'S SIGNATURE OR NAME Mrs Mark 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY OBSTRUCTION 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. ANGINA PECTORIS			INTERVAL BETWEEN ONSET AND DEATH 1 HOUR 29 YEARS 7 Mo
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201		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) (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 **OCT 18, 1950**, to **MAY 11, 1951**, that I last saw the deceased alive on **MAY 11, 1951**, and that death occurred at **1045 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE John H. Hobbs M.D.	(Degree or title)	23b. ADDRESS Monroe, Mo	23c. DATE SIGNED 5/12/51
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 5-13-1951	24c. NAME OF CEMETERY OR CREMATORY ST. JUDES CEMETERY	24d. LOCATION (City, town, or county) (State) MONROE CITY Missouri

DATE REC'D BY LOCAL REG. 5-17-51	REGISTRAR'S SIGNATURE Ada Garrison	419	25. FUNERAL DIRECTOR'S SIGNATURE WILSON & SONS	ADDRESS MONROE CITY, MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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Date Received: MAY 2 1 1951
DISTRICT HEALTH OFFICE #2
District File Number 5-51-944
Date Filed: MAY 2 2 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 me

working under my personal supervision.

Student Embalmer No.....

Signed.....

Laurie L. Henry

Signed.....
Student Embalmer

Licensed Embalmer No. 17

P. O. Address. W. O. O. City, 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.