U.S. No. 300
REV. 10.48

FILED JUL 2 - 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21002

BIRTH NO. ____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 4426 Registrar's No. 82

0840 1

1. PLACE OF DEATH
a. COUNTY: Polk
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fair Play
c. LENGTH OF STAY (in this place): 50 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Polk
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fair Play 0840
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) George b. (Middle) A. c. (Last) Smith

4. DATE OF DEATH (Month) June (Day) 16 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb. 25 1876

9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

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): Carrol County

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Ben J. Smith

13b. MOTHER'S MAIDEN NAME: Nancy Dean

14. NAME OF HUSBAND OR WIFE: Lydia Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs Lydia Smith, Fair Play, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Angina Pectoris — INTERVAL BETWEEN ONSET AND DEATH: (Fatal attack 30 minutes)

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.* Patient Gave History that was suggestive of 3 or 4 Weeks

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: 4202

20. AUTOPSY? YES ☐ NO ☐

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 16, 1951, *to* June 16, 1951, *that I last saw the deceased alive on* June 15, 1951, *and that death occurred at* 1:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: R. G. Saunders (Degree or title) D.O. **23b. ADDRESS**: Fair Play Mo. **23c. DATE SIGNED**: 6/18/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial(?) **24b. DATE**: 6-19 1951 **24c. NAME OF CEMETERY OR CREMATORY**: Barren Creek **24d. LOCATION** (City, town, or county) (State): Fair Play Mo.

DATE REC'D BY LOCAL REG.: June 18, 1951 **REGISTRAR'S SIGNATURE**: Ralph Gordon per Jewell Gordon 258 **25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS**: Barker, Ervin & Blue, Fair Play, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield
RECEIVED JUN 26 1951
Dist. File 62-132
Date Filed 6-27-51

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 ....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Willard B. Erwin

Licensed Embalmer No. 3092

P. O. Address Bolivar, 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.