

FILED AUG 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22358

BIRTH NO.		REG. DIST. NO. 5		PRIMARY REG. DIST. NO. 6296		Registrar's No. 61	
1. PLACE OF DEATH a. COUNTY <i>Cape Girardeau</i>				2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Capitol</i>			
b. CITY (If outside corporate limits, write RURAL and give township) <i>Rural Madison</i>		c. LENGTH OF STAY (In this place) <i>1</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Rural Kinderhook</i>		d. STREET ADDRESS (If rural, give location) <i>White Water No R #1</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>White Water No R #1</i>				d. STREET ADDRESS (If rural, give location) <i>White Water No R #1</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>WALTER</i>		b. (Middle) <i>W</i>		c. (Last) <i>SMITH</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>July 31 1951</i>	
5. SEX <i>MO</i>		6. COLOR OR RACE <i>W</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>		8. DATE OF BIRTH <i>Nov 25 1876</i>	
9. AGE (In years last birthday) <i>74</i>		UNDER 1 YEAR Months <i>8</i> Days <i>3</i>		IF UNDER 12 HRS. Hours <i></i> Min. <i></i>		11. BIRTHPLACE (State or foreign country) <i>Madison Co Mo</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>of farmer</i>				10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Harriell Smith</i>		13b. MOTHER'S MAIDEN NAME <i>Anna Belmar</i>		14. NAME OF HUSBAND OR WIFE <i>Bessie Ann Smith</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <i>none</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Carson Smith White Water Mo</i>			
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) <i>arterio sclerosis</i> 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. <i>no xray pictures made and dont know the cause of his hardening of arteries</i>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				19c. INTERVAL BETWEEN ONSET AND DEATH <i>4500</i>	
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 <i>July 27 1951</i> , to <i>July 31 1951</i> , that I last saw the deceased alive on <i>July 27 1951</i> , and that death occurred at <i>3 P M.</i> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>W. Davault MD</i>				23b. ADDRESS <i>Delta Mo.</i>		23c. DATE SIGNED <i>Aug 1-51</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Aug 1-1951</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Russell Heights</i>		24d. LOCATION (City, town, or county) (State) <i>Jackson Miss</i>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <i>Aug 2-51</i>		REGISTRAR'S SIGNATURE <i>W. F. Libbert</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>McCombs Funeral Home & Jackson</i>			

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

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1

11-14-1952

RECEIVED

AUG 7 1951

DISTRICT HEALTH OFFICE No. 6

Title No.

OCT 24 1962

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 B. H. Meyer

Licensed Embalmer No. 3051

P. O. Address Jackson, 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.

Not Embalmed,