S. No. 300
v. 10.48

FILED JUL 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22448

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 2012 Registrar's No. 80

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Clay
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Excelsior Springs 0242
d. STREET ADDRESS (If rural, give location): 714 Garland Street 0

0242
0

3. NAME OF DECEASED (Type or Print)
a. (First): SOLOMON
b. (Middle): HUBERT
c. (Last): SMITH

4. DATE OF DEATH (Month) (Day) (Year): July 5, 1951

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 7, 1893
9. AGE (In years last birthday): 57 — If under 1 year: Months 6, Days 28; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Custodian
10b. KIND OF BUSINESS OR INDUSTRY: School Building
11. BIRTHPLACE (State or foreign country): 0 Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Solomon H. Smith
13b. MOTHER'S MAIDEN NAME: Nancy J. Roe
14. NAME OF HUSBAND OR WIFE: Jesse B. 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.: 500-07-1539
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Jesse Smith, Excelsior Spg's, 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) Valvular heart disease & decompensation (mitral stenosis) — INTERVAL BETWEEN ONSET AND DEATH: 27 yrs ago

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Rheumatic fever
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: 4/10 X
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* 12 May, 1951, *to* 5 July, 1951, *that I last saw the deceased alive on* 4 July, 1951, *and that death occurred at* 7:20 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): George E. Sanders M.D.
23b. ADDRESS: Excelsior Springs, Mo.
23c. DATE SIGNED: 7-July 51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-7-51
24c. NAME OF CEMETERY OR CREMATORY: New New Garden
24d. LOCATION (City, town, or county) (State): Excelsior Springs, Mo.

DATE REC'D BY LOCAL REG.: 7/7/51
REGISTRAR'S SIGNATURE: Caroline Hutchings
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Dave Pritchard, Excelsior Springs, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
JUL 20 1951
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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 Earl Pafoth

Signed.....
Student Embalmer

Licensed Embalmer No. 23458

P. O. Address Excelsior Springs, 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.