S. No. 300
v. 10.48

FILED JUL 17 1951

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23981

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 224

0804
1

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

1. PLACE OF DEATH
a. COUNTY: Pettis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sedalia
c. LENGTH OF STAY (in this place): 33 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 802 West 16th

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pettis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sedalia 0804
d. STREET ADDRESS (If rural, give location): 802 West 16th

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

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

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: Oct. 10, ~~1879~~ 1880
9. AGE (In years last birthday): ~~71~~ 70 — If under 1 year: Months 8, Days 24 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter-retired
10b. KIND OF BUSINESS OR INDUSTRY: Mo-Pac R.R.
11. BIRTHPLACE (State or foreign country): Benton County, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Edward O. Smith
13b. MOTHER'S MAIDEN NAME: Mable Nickle
14. NAME OF HUSBAND OR WIFE: Mary Friedly 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.: 702-14-4940
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Mary C. Smith, 802 W. 16th, Sedalia, Mo. — ADDRESS

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) Carcinoma Prostate & Rectum — INTERVAL BETWEEN ONSET AND DEATH: 8 mos.

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. —

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION — 177X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No
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* Oct, 1950, *to* July 4, 1951, *that I last saw the deceased alive on* July 4, 1951, *and that death occurred at* 2 P m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. A. Beckemeyer MD
23b. ADDRESS: Sedalia Mo
23c. DATE SIGNED: 7/6/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 11
24b. DATE: 7/6/51
24c. NAME OF CEMETERY OR CREMATORY: Ionia Cemetery
24d. LOCATION (City, town, or county) (State): Ionia, Missouri

DATE REC'D BY LOCAL REG.: 7/6/51
REGISTRAR'S SIGNATURE: R. J. Campbell MD, Solon Hall deputy
25. FUNERAL DIRECTOR'S SIGNATURE: Mary Ewing — ADDRESS: Sedalia, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 7-16-51
DISTRICT HEALTH OFFICE No. 3
District File Number
Date Filed 7-16-51

JUL 21 1951

AUG 14 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 _____, working under my personal supervision.

Student Embalmer No. _____

Signed R. E. Baker

Signed _____
Student Embalmer

Licensed Embalmer No. 2419

P. O. Address Sedalia 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.

Reg. Dist No. 3052

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Pettis }

State File No. 23981

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 274

Cert. No. 224

On this 2nd day of August, 1951, before me appears Mary C. Smith, who, upon her oath, states that the original record of ~~birth~~ death for Edwin Charles Smith died ~~born~~ July 4, 1951, 19....., in the State of Missouri, and which was filed at Sedalia, Missouri on 7/6/51, 19....., should be corrected as follows:

Item No. 8 should read October 10, 1880

Instead of October 10, 1879

Item No. 9 should read 70

Instead of 71

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mary Cordelia Smith Widow
Relationship.

802 West 16th St.
Present Address.

Sedalia, Mo.

Subscribed and sworn to before me this 2nd day of August, 1951

My Commission expires March 7, 1954

Ralph E. Baker Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

m V. S. 135
0M—4-43
I X36667

AUG 14 [illegible]