S. No. 300
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FILED AUG 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26370

BIRTH NO. _____ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 5792 Registrar's No. 70

1. PLACE OF DEATH
a. COUNTY: Carroll 0170
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): "Rural" Combs Twp.
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):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Carroll
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): "Rural" Combs Twp.
d. STREET ADDRESS (If rural, give location): 0170 D

3. NAME OF DECEASED (Type or Print): a. (First) HARRY b. (Middle) ALBERT (BRYANT) c. (Last) SMITH
4. DATE OF DEATH (Month) (Day) (Year): Aug 7 1951
5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Nov. 27, 1933
9. AGE (In years last birthday): 17 — 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): Farm
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Rayville Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Dudley Walter Smith
13b. MOTHER'S MAIDEN NAME: Minnie V. Loyd
14. NAME OF HUSBAND OR WIFE:
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.:
17. INFORMANT'S SIGNATURE OR NAME: Harry Bryant — ADDRESS: Carrollton Mo.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Accidental Drowning

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.*

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 017 E9291 22
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): FARM.
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Combs. Carroll Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Aug 7- 1951, 8:30 P.M.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? In Pound Swimming

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Ray Dickerson (Degree or title) Coroner
23b. ADDRESS: Bogard Mo
23c. DATE SIGNED: Aug 8-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug 10 1951
24c. NAME OF CEMETERY OR CREMATORY: Rothville Cem
24d. LOCATION (City, town, or county) (State): Rothville Mo.

DATE REC'D BY LOCAL REG.: 8/15/51
REGISTRAR'S SIGNATURE: Mrs Herbert Calvert
25. FUNERAL DIRECTOR'S SIGNATURE: Standley & Gibson — ADDRESS: Carrollton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
11
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 ....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Ben W Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton 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.