

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26474**

FILED AUG 28 1951

BIRTH NO. _____ REG. DIST. NO. **82** PRIMARY REG. DIST. NO. **3017** Registrar's No. **101**

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| 1. PLACE OF DEATH a. COUNTY Cooper 0272 | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cooper | |
| b. CITY (If outside corporate limits, write RURAL and give township) Boonville | | c. CITY (If outside corporate limits, write RURAL and give township) Boonville 0272 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital | | d. STREET ADDRESS (If rural, give location) 615 Locust St. 0 | |

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|-------------------------------------|---------------------------|---------------------------|-------------------------|---------------------------------------|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Francis | b. (Middle) Marion | c. (Last) Smith. | 4. DATE OF DEATH (Month) (Day) (Year) |
| | | | | August 12 1951 |

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|--------------------|-------------------------------|---|---------------------------------------|---|------------------------|------------------------|------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH March 25 1863 | 9. AGE (In years last birthday) 88 | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Hours | Min. |
|--------------------|-------------------------------|---|---------------------------------------|---|------------------------|------------------------|------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman | 10b. KIND OF BUSINESS OR INDUSTRY Real Estate | 11. BIRTHPLACE (State or foreign country) Chariton County, Missouri | 12. CITIZEN OF WHAT COUNTRY? USA. |
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|---------------------------------------|--|--|
| 13a. FATHER'S NAME Jacob Smith | 13b. MOTHER'S MAIDEN NAME Barbara Smith | 14. NAME OF HUSBAND OR WIFE Anna Jegglin Smith. |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. --- | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Anna Smith, Boonville, Mo. | ADDRESS |
|--|------------------------------------|--|---------|

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| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage | | INTERVAL BETWEEN ONSET AND DEATH 2 days |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerotic cardiovascular disease | | |
| | DUE TO (c) Broncho pneumonia | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 4221 | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| | | |
|--|--|----------------------------|
| 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 **Aug 10, 1951**, to **Aug 12, 1951**, that I last saw the deceased alive on **Aug 12, 1951**, and that death occurred at **10:00 p.m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) D. H. Burkman M.D. | 23b. ADDRESS Boonville Mo. | 23c. DATE SIGNED 8-14-51 |
|--|-----------------------------------|---------------------------------|

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|---|---------------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE August 14 1951 | 24c. NAME OF CEMETERY OR CREMATORY Catholic | 24d. LOCATION (City, town, or county) (State) Boonville, Missouri. |
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| DATE REC'D BY LOCAL REG. 8-14-51 | REGISTRAR'S SIGNATURE D. Hooper 381 | 25. FUNERAL DIRECTOR'S SIGNATURE Goodman & Boller, Boonville, Mo. | ADDRESS |
|---|--|--|---------|

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

RECEIVED 8-29-51

DISTRICT HEALTH OFFICE No. 3

District File Number -----

Date Filed 8-27-51 -----

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 G. F. Roller -----

Licensed Embalmer No. 3062 -----

P. O. Address Boonville, 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.