

FILED SEP 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29276

BIRTH NO. _____ REG. DIST. NO. 354 PRIMARY REG. DIST. NO. 6198 Registrar's No. 86

1. PLACE OF DEATH

a. COUNTY TEXAS 1070

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ELK CREEK CAS TWP 37 yrs

d. FULL NAME OF HOSPITAL OR INSTITUTION _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE Mo b. COUNTY TEXAS

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 1070 CASS TWP.

d. STREET ADDRESS (If rural, give location) 0 Elk Creek Mo.

3. NAME OF DECEASED

a. (First) ANDREW b. (Middle) ALLEN c. (Last) SMITH

4. DATE OF DEATH (Month) (Day) (Year) Aug 29 1951

5. SEX M. D. 6. COLOR OR RACE W. 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH Nov 7 1869 9. AGE (In years last birthday) 81

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) Ind. 12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME unknown 13b. MOTHER'S MAIDEN NAME unknown 14. NAME OF HUSBAND OR WIFE ENNA Smith

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. none 17. INFORMANT'S SIGNATURE OR NAME Mrs. Ernest Dewitt 18. ADDRESS Elk Creek 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, ashenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage

ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis generalized

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 3 weeks

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION 331X 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) _____ 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 Aug 9 1951, to Aug 25, 1951, that I last saw the deceased alive on Aug 25, 1951, and that death occurred at 9:35 P.M., from the causes and on the date stated above.

23a. SIGNATURE Garrett E. G. _____ (Degree or title) 23b. ADDRESS Cairo Mo 23c. DATE SIGNED Aug 30/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Aug 31-51 24c. NAME OF CEMETERY OR CREMATORY Steeley Chapel 24d. LOCATION (City, town, or county) (State) Elk Creek Texas Co Mo

DATE REC'D BY LOCAL REG. 9-31-51 REGISTRAR'S SIGNATURE 325 Gaynell Cunningham FURNERAL DIRECTOR'S SIGNATURE Baylord V. Elliott ADDRESS _____

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED SEP 6 1951

Dist. File 951-1584

Date Filed 9-6-51

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 Gaylord V. Elliott
Licensed Embalmer No. 2252
P. O. Address Cabool

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.