No. 300
10-48

FILED OCT 10 1951

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 30660

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 109

512
0

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

**1. PLACE OF DEATH**
a. COUNTY: Johnson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Warrensburg
c. LENGTH OF STAY (in this place): 2 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Warrensburg Medical Center

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Johnson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Centerview 0510
d. STREET ADDRESS (If rural, give location):

**3. NAME OF DECEASED** (Type or Print)
a. (First): Ernest
b. (Middle): Curtis
c. (Last): Smith

**4. DATE OF DEATH** (Month) (Day) (Year): Oct. 2, 1951

**5. SEX**: Male 0
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: Feb. 14, 1869
**9. AGE** (In years last birthday): 82 — 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): Retired Mechanic
**10b. KIND OF BUSINESS OR INDUSTRY**: Garage
**11. BIRTHPLACE** (State or foreign country): Douds, Iowa
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: John T. Smith
**13b. MOTHER'S MAIDEN NAME**: Iva Jane Brown
**14. NAME OF HUSBAND OR WIFE**: Ethel K. Smith

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No (If yes, give war or dates of service): No
**16. SOCIAL SECURITY NO.**: None
**17. INFORMANT'S SIGNATURE OR NAME** / ADDRESS: Ethel K. Smith, Centerview, 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**

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac decompensation — myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Chronic Hypertrophy of prostate — 6 yrs.
DUE TO (c) Senile dementia — 2 yrs

11. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*
610 X

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**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* Dec 1948, 19__, *to* Oct 2, 1951, *that I last saw the deceased alive on* Oct 2, 1951, *and that death occurred at* 10:15 A.m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): T Reed Marson M.D.C.
**23b. ADDRESS**: Warrensburg Mo.
**23c. DATE SIGNED**: Oct. 3, 1951

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial 0
**24b. DATE**: Oct. 4, 1951
**24c. NAME OF CEMETERY OR CREMATORY**: Centerview
**24d. LOCATION** (City, town, or county) (State): Centerview, Missouri

**DATE REC'D BY LOCAL REG.**: Oct. 3, 1951
**REGISTRAR'S SIGNATURE**: Savannah Sutchfield 147
**25. FUNERAL DIRECTOR'S SIGNATURE** / ADDRESS: Sweeney-Phillips, Warrensburg, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
OCT 8 1951
JOHNSON COUNTY HEALTH DEPT.

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 B. Q. Phillips.

Signed.....
Student Embalmer

Licensed Embalmer No. 2320

P. O. Address Warrensburg, Missouri

**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.