No. 300
10.46

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

FILED SEP 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30786

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 5703 Registrar's No. 118

0590 1

1. PLACE OF DEATH
a. COUNTY: Livingston
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chula-Rural-Medicine
c. LENGTH OF STAY (in this place): 33 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3 mi East Chula.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Livingston
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chula-Rural-Medicine 0590
d. STREET ADDRESS (If rural, give location): 3 mi East Chula.

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Emery
c. (Last): Smith

4. DATE OF DEATH (Month) Sept. (Day) 15 (Year) 1951

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: June 18 1873
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months 2 Days 27 — IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: own Farm.
11. BIRTHPLACE (State or foreign country): Powersville 0 Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Joseph R. Smith
13b. MOTHER'S MAIDEN NAME: Angaline Starr
14. NAME OF HUSBAND OR WIFE: Anna Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): N/O (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Marie S. Stealey — **ADDRESS**: St. Joseph, 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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 Mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): arteriosclerosis — 10 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: 331X

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* July 14, 1951, *to* Sept 15, 1951, *that I last saw the deceased alive on* Sept 14, 1951, *and that death occurred at* 11:45 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: G.W. Carpenter — (Degree or title): M.D. — **23b. ADDRESS**: Chillicothe Mo — **23c. DATE SIGNED**: 9-16-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/17/1951
24c. NAME OF CEMETERY OR CREMATORY: Rural Dale
24d. LOCATION (City, town, or county) (State): Trenton Mo

DATE REC'D BY LOCAL REG.: 9-16-51
REGISTRAR'S SIGNATURE: Frances B Nail
25. FUNERAL DIRECTOR'S SIGNATURE — **ADDRESS**: E.J. Robertson Funeral Home Laredo Mo

(Licensed Embalmer's Statement on Reverse Side)

OCT 17 1951

RECEIVED
SEP 24 195
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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed J M Robertson

Signed.....
Student Embalmer

Licensed Embalmer No. 4388

P. O. Address Laredo 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.