

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33328**

FILED OCT 30 1951

BIRTH NO. _____ REG. DIST. NO. **133** PRIMARY REG. DIST. NO. **2022** Registrar's No. **93**

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

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Harrison | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Harrison | |
| b. CITY OR TOWN Bethany | | c. CITY OR TOWN Bethany | |
| c. LENGTH OF STAY (In this place) 16 hours | | d. STREET ADDRESS (If rural, give location) 1026 W. Main | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Reid Hospital | | | |

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|---|------------------------|------------------------|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) ORAL | b. (Middle) RAY | c. (Last) SMITH | 4. DATE OF DEATH (Month) (Day) (Year) Oct. 15, 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 July 7, 1890 | 9. AGE (In years last birthday) 61 | 5. MONTHS 3 | 6. DAYS 8 | 7. UNDER 14 HRS. Hours Min. |
|--------------------|-------------------------------|---|--------------------------------------|---|--------------------|------------------|---|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor | 10b. KIND OF BUSINESS OR INDUSTRY Custodian - Public School | 11. BIRTHPLACE (State or foreign country) Maryville, Mo. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Simon P. Smith | 13b. MOTHER'S MAIDEN NAME Frances Lafoon | 14. NAME OF HUSBAND OR WIFE Sylvia 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. 495-07-0663 | 17. INFORMANT'S SIGNATURE OR NAME Sylvia Smith, Bethany, Mo. | ADDRESS Bethany, Mo. |
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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) Acute Coronary Occlusion | | INTERVAL BETWEEN ONSET AND DEATH 18 hrs. |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease | | |
| | DUE TO (c) _____ | | |
| 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 4200 | 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) | 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 **10-14** 19**51**, to **10-15**, 19**51**, that I last saw the deceased alive on **10-15**, 19**51**, and that death occurred at **6:28** p.m., from the causes and on the date stated above.

| | | | |
|---|-----------------------------|----------------------------------|----------------------------------|
| 23a. SIGNATURE Sullent M. Thorge | (Degree or title) MD | 23b. ADDRESS Bethany, Mo. | 23c. DATE SIGNED 10-16-51 |
|---|-----------------------------|----------------------------------|----------------------------------|

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|---|--------------------------------|---|---|
| 24a. BURIAL CREMATION REMOVAL (Specify) Burial | 24b. DATE Oct. 17, 1951 | 24c. NAME OF CEMETERY OR CREMATORY Miriam Cemetery | 24d. LOCATION (City, town, or county) (State) Bethany, Mo. |
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| DATE REC'D BY LOCAL REG. 10/17/51 | REGISTRAR'S SIGNATURE Gola Burris | 25. FUNERAL DIRECTOR'S SIGNATURE Clark L. Joutch | ADDRESS Bethany, Mo. |
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MAR 18 1951

NOV 7 1951

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.....
Student Embalmer

Signed *Clark L. Foutch*.....

Licensed Embalmer No. *4831*.....

P. O. Address *Bethany, Md.*.....

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.