

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34102

State File No.

FILED NOV 10 1951

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 5577 Registrar's No. 170

190
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>JASPER TWP (RURAL)</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>JASPER (TWP) RURAL</u>	
c. LENGTH OF STAY (In this place) <u>52 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>JASPER CO., MO. Near OPOLIS, KAN</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>JASPER (TWP) JASPER CO., MO.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>SIDNEY</u>	b. (Middle) <u>LEROY</u>	c. (Last) <u>SMITH</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>OCT, 31, 1951.</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>FEBRUARY, 27, 1893</u>	9. AGE (In years last birthday) <u>58</u>	# UNDER 1 YEAR Months <u>8</u>	# UNDER 1 YEAR Days <u>4</u>	# UNDER 1 YEAR Hours <u>✓</u>	# UNDER 1 YEAR Min. <u>✓</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER RETIRED</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>	11. BIRTHPLACE (State or foreign country) <u>KEWANEE, ILLINOIS.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>SIDNEY LEWIS SMITH</u>	13b. MOTHER'S MAIDEN NAME <u>JESSIE HUGHES</u>	14. NAME OF HUSBAND OR WIFE <u>CLARA D. SMITH</u>
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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) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. CLARA D. SMITH, OPOLIS, KANSAS</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Anoxia</u>		<u>2 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Metastatic Carcinoma of Lung.</u>		<u>8 months</u>
	DUE TO (c) <u>Primary Carcinoma of Stomach</u>		<u>1 year</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pulmonary Tuberculosis</u>		<u>2 years.</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>151X</u>	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?
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22. I hereby certify that I attended the deceased from March 23, 1951, to October 31, 1951, that I last saw the deceased alive on Oct. 31, 1951 and that death occurred at 11:35 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	(Degree or title)	23b. ADDRESS <u>Asbury, Missouri</u>	23c. DATE SIGNED <u>11/1/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>NOV-2-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>PLEASANT HILL CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>JASPER COUNTY, MISSOURI.</u>
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DATE REC'D BY LOCAL REG. <u>Nov 1 - 51</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert A. Yancey</u>	ADDRESS <u>PITTSBURG, KANSAS.</u>
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RECEIVED 11-7-51

Jasper County Health Office

County File Number 51/11/834

Date Filed 11-7-51

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

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed ROBERT A. YANCEY
Robert A. Yancey

Licensed Embalmer No. 3452

P. O. Address 114. WEST 6TH ST, PITTS

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.