

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34620

State File No.

FILED NOV 13 1951

BIRTH NO. _____ REG. DIST. NO. 279 PRIMARY REG. DIST. NO. 5856 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Clark</u>	
b. CITY OR TOWN <u>Clarksville Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clarksville Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>William</u> c. (Last) <u>Smith</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 26 - 1951</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>Oct 20 - 1875</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Days <u>~</u> Hours <u>6</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (State or foreign country) <u>Lexington Mo</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Samuel S. Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Elsie Watts</u>		14. NAME OF HUSBAND OR WIFE <u>Elice Brown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If no, no, or unknown) <u>No.</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Arch Brown Clarksville Mo</u>	

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerotic heart disease</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>generalized arteriosclerosis</u> DUE TO (c) <u>peptic ulcer</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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) <u>Clarksville Mo</u>
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 8-11, 1950, to 10-26, 1951, that I last saw the deceased alive on 10-18, 1951, and that death occurred at 6²² A.m., from the causes and on the date stated above.

23a. SIGNATURE <u>John H. Hooker, M.D.</u> (Degree or title)	23b. ADDRESS <u>Clarksville, Mo.</u>	23c. DATE SIGNED <u>10-27-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 28 - 51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Clarksville Mo</u>
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DATE REC'D BY LOCAL REG. <u>10/31/51</u>	REGISTRAR'S SIGNATURE <u>Suda Richard</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Harry L. Carrow Clarksville, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

120
1

Date Received: NOV 2 1951
DISTRICT HEALTH OFFICE #2
District File Number 10-51-197
Date Filed: NOV 2 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.....

George M. Collier

Signed.....
Student Embalmer

Licensed Embalmer No. *3839*

P. O. Address *Louisiana, 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.