

FILED DEC 5 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36330

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 5088 Registrar's No. 124

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Appleton City, Mo. Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Appleton City, Mo. Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>		d. STREET ADDRESS (If rural, give location) <u>0070</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u> b. (Middle) <u>Heath</u> c. (Last) <u>Smith</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 20 - 51</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Feb 3 - 1876</u>		9. AGE (In years last birthday) <u>75</u>		10. IF UNDER 1 YEAR: Months <u>9</u> Days <u>17</u>	
11. BIRTHPLACE (State or foreign country) <u>Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</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		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME <u>Hudson Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Riley</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
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>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Gladys Foster</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Cerebral</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis</u> DUE TO (c) <u>Coronary Artery</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Obstruction</u>		20. INTERVAL BETWEEN ONSET AND DEATH <u>5 years</u> <u>6 mos.</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Hypertrophic Prostate</u>		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)	
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? <u>4201</u>	

22. I hereby certify that I attended the deceased from 3/28, 1950, to 11/20, 1951, that I last saw the deceased alive on 11/14, 1951, and that death occurred at 577 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Gladys Foster</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Bates Mo</u>		23c. DATE SIGNED <u>11/20/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Nov. 23 - 51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Grove</u>	
24d. LOCATION (City, town, or county) (State) <u>Appleton City Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ronald E. Hoff</u>		25. FUNERAL DIRECTOR'S ADDRESS <u>Appleton City, Mo</u>	
DATE REC'D BY LOCAL REG. <u>NOV. 27 - 51</u>		REGISTRAR'S SIGNATURE <u>Rendall Kurray</u>		25. FUNERAL DIRECTOR'S ADDRESS	

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

RECEIVED DEC 4 1951

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed DEC 4 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 Oscar Eckhoff

Licensed Embalmer No. 3942

P. O. Address Opolatan City, Me

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.