

FILED NOV 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36650

BIRTH NO. _____ REG. DIST. NO. 62 PRIMARY REG. DIST. NO. 4108 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY Cedar		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cedar	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Stockton, Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Stockton, Mo	
c. LENGTH OF STAY (in this place) Life		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) ELTON	b. (Middle) SUMMERS	c. (Last) SMITH	(Month) Oct.	(Day) 1,	(Year) 1951
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 23, 1873	9. AGE (In years last birthday) 77	10. 8
10a. MALE OCCUPATION (Give kind of work done during most of working life even if retired) Doctor (ret)	10b. KIND OF BUSINESS OR INDUSTRY Physician	11. BIRTHPLACE (State or foreign country) Cedar County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Franklin Henry Smith	13b. MOTHER'S MAIDEN NAME Faraliere, Summers	14. NAME OF HUSBAND OR WIFE Mable Smith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mable Smith, Stockton, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		19. MAJOR FINDINGS OF OPERATION

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia		INTERVAL BETWEEN ONSET AND DEATH days
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		
2. ANTECEDENT CAUSES (Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.) DUE TO (b) Arteriosclerotic hypertension yrs.		
3. DUE TO (c)		
11. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)		

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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 447X
22. I hereby certify that I attended the deceased from June 1, 1951, to 10-1-1951, that I last saw the deceased alive on 10-1-1951, and that death occurred at 5A m., from the causes and on the date stated above.		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>

23a. SIGNATURE Wm B Riehl, MD (Degree or title)	23b. ADDRESS Stockton, Mo	23c. DATE SIGNED 10-3-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-3-51	24c. NAME OF CEMETERY OR CREMATORIUM Stockton, City
		24d. LOCATION (City, town, or county) (State) Cedar County, Missouri

DATE REC'D BY LOCAL REG. 11-7-51	REGISTRAR'S SIGNATURE Geneva Garrison 54	25. FUNERAL DIRECTOR'S SIGNATURE John A. Cantlow, Stockton, Mo.	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED

NOV 3 1951

Dist. File 1151-1958

Date Filed 11-13-51

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 _____

Richard W. Bandall

Student Embalmer No. 405

working under my personal supervision.

Student

Richard W. Bandall
Student Embalmer

Signed

John A. Cantlow

Licensed Embalmer No. 4387

P. O. Address

Stebbins, 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.