

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37090**

LED NOV 29 1951

BIRTH NO. _____		REG. DIST. NO. 40		PRIMARY REG. DIST. NO. 3022		Registrar's No. 94			
1. PLACE OF DEATH a. COUNTY Howard 045 D				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Howard					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fayette		c. LENGTH OF STAY (In this place) 12 da.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fayette 125		d. STREET ADDRESS (If rural, give location) 109 S. Cleveland 0			
d. FULL NAME OF HOSPITAL OR INSTITUTION Lee Hospital				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED a. (First) John (Type or Print)			b. (Middle) William		c. (Last) Smith		4. DATE OF DEATH (Month) (Day) (Year) Nov. 20, 1951		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 25, 1864		9. AGE (In years last birthday) 87 IF UNDER 1 YEAR Months 4 Days 25 IF UNDER 12 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming			10b. KIND OF BUSINESS OR INDUSTRY Farm Owner		11. BIRTHPLACE (State or foreign country) Howard Co. Missouri D			12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Fountain Smith			13b. MOTHER'S MAIDEN NAME Sarah Elliott			14. NAME OF HUSBAND OR WIFE Ethel Ruth Powell			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs John W. Smith Fayette, Mo				
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) Propose hemorrhage Spontaneous ANTECEDENT CAUSES Hemorrhoids & Ulcer Colon Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic renal disease DUE TO (c)						INTERVAL BETWEEN ONSET AND DEATH 10 days ? 2 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 5721						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)		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 Nov 7, 1951 , to Nov 20, 1951 , that I last saw the deceased alive on Nov 19, 1951 , and that death occurred at 4:30 A.M. , from the causes and on the date stated above.									
23a. SIGNATURE Wm J Shaw (Degree or title) DMD				23b. ADDRESS Fayette Mo.			23c. DATE SIGNED 11-21-51		
24a. BURIAL, CREMATION REMOVAL (Specify) Burial		24b. DATE 11/22/51		24c. NAME OF CEMETERY OR CREMATORY Smith Chapel Cemetery		24d. LOCATION (City, town, or county) (State) Howard Co. Mo			
DATE REC'D BY LOCAL REG. 11-21-51		REGISTRAR'S SIGNATURE Mary K. Shell 436		25. FUNERAL DIRECTOR'S SIGNATURE Ralph A Carr		ADDRESS Fayette, Mo			

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

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 11-28-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 11-28-51 _____

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.....

Ralph A Carr

Signed.....
Student Embalmer

Licensed Embalmer No. 3340

P. O. Address *Fayette 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.