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FILED DEC 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37128

BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 4235 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY Iron 0470		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri IRON COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) Annapolis		c. CITY (If outside corporate limits, write RURAL and give township) Annapolis	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) JOHN ROBERT SMITH			4. DATE OF DEATH Nov. 17 1951		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH March 13 1876	9. AGE (In years last birthday) 75	10. IF UNDER 1 YEAR Days 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) carpenter		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Ruble Mo.	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Calvin E. Smith	13b. MOTHER'S MAIDEN NAME Priscella Helver	14. NAME OF HUSBAND OR WIFE Ruth Mary Smith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Golden Smith, Annapolis 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) carcinoma of free and neck		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS - mitral insufficiency Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 191X	20. AUTOPSY? YES <input 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 Jan 10, 1951, to Nov. 17, 1951, that I last saw the deceased alive on Nov. 13, 1951, and that death occurred at 12:55 A.M., from the causes and on the date stated above.

23a. SIGNATURE E. M. Fitzpatrick M.D.	(Degree or title)	23b. ADDRESS Pexterville, Mo.	23c. DATE SIGNED 1/22/51
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 11-18-51	24c. NAME OF CEMETERY OR CREMATORY Annapolis Cem.	24d. LOCATION (City, town, or county) (State) Annapolis Mo.

DATE REC'D BY LOCAL REG. Dec. 4 - 51	REGISTRAR'S SIGNATURE Mrs. Virginia Jones	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS White Funeral Home, Ironton Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

DEC 6 - 1951

DISTRICT HEALTH OFFICE No.

File No.....

DEC 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Russell J. White

Licensed Embalmer No. 3012

P. O. Address Imperial Hwy

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.