

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **40450**

FILED NOV 16 1951

BIRTH NO. _____ REG. DIST. NO. **347** PRIMARY REG. DIST. NO. **450F** Registrar's No. **57**

1. PLACE OF DEATH a. COUNTY Stone 1840		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stone	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Galena		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Galena mo, 1040	
c. LENGTH OF STAY (in this place) inter-life		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED a. (First) Arthur b. (Middle) Joseph c. (Last) Smith			4. DATE OF DEATH (Month) (Day) (Year) Oct 30 1951		
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5. SEX m	6. COLOR OR RACE wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec 14-1884	9. AGE (In years last birthday) 66-10-16	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer	10b. KIND OF BUSINESS OR INDUSTRY old jobs	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Henry Smith	13b. MOTHER'S MAIDEN NAME Amanda Jones	14. NAME OF HUSBAND OR WIFE Hannie Smith
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Hannie Smith ADDRESS Galena, mo
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH unknown
	ANTECEDENT CAUSES Morbid 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 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"/>
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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) Galena (COUNTY) Stone (STATE) mo
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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? Fell in bed at home
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22. I hereby certify that I attended the deceased ~~from~~ **Oct 30**, 19**51**, at **Death**, 19**51**, that I last saw the deceased alive on _____, 19____, and that death occurred at **12:15** m., from the causes and on the date stated above.

23a. SIGNATURE Errett J. Cheatham (Degree or title)	23b. ADDRESS Galena Missouri	23c. DATE SIGNED Oct 31-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Nov 2-51	24c. NAME OF CEMETERY, OR CREMATORY Galena Cemetery	24d. LOCATION (City, town, or county) (State) Galena - Missouri
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DATE REC'D BY LOCAL REG. Nov. 2-51	REGISTRAR'S SIGNATURE Mrs. J. Elmer Prosser	25. FUNERAL DIRECTOR'S SIGNATURE Errett J. Cheatham ADDRESS Galena mo
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per Lena Murray (Licensed Embalmer's Statement on Reverse Side)

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

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

RECEIVED NOV 10 1951
Dist. File 1151-1983
Date Filed 11-14-51

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 Errett J. Cheatham

Signed.....
Student Embalmer

Licensed Embalmer No. 3870

P. O. Address Galena 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.