S. No. 300
v. 10.48

FILED JAN 3 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40839

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 5149 Registrar's No. 61

1. PLACE OF DEATH
a. COUNTY Caldwell 0130
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nettleton
c. LENGTH OF STAY (in this place) 9 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Livingston
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Chillicothe, 0592
d. STREET ADDRESS (If rural, give location) 140 g Polk Street

3. NAME OF DECEASED (Type or Print)
a. (First) William
b. (Middle) Grundy
c. (Last) Smith

4. DATE OF DEATH (Month) (Day) (Year) December 21, 1951

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Jan. 4, 1875

9. AGE (In years last birthday) 76 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter - Painter

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Chariton County, Missouri

12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME Martin C. Smith

13b. MOTHER'S MAIDEN NAME Sarah Adaline Walker

14. NAME OF HUSBAND OR WIFE Bertha E. Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 491-24-6439A

17. INFORMANT'S SIGNATURE OR NAME Mrs. W. H. Moore; Argyle, Mo. ADDRESS

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 9 days

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 331X

20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 13, 1951, *to* Dec 21, 1951, *that I last saw the deceased alive on* 19, 1951, *and that death occurred at* ..... *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M. Lenoit, M.D.O.

23b. ADDRESS Chillicothe, Mo

23c. DATE SIGNED 12-22-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 12-23-51

24c. NAME OF CEMETERY OR CREMATORY Lock Springs

24d. LOCATION (City, town, or county) (State) Lock Springs, Missouri

DATE REC'D BY LOCAL REG. 12-24-51

REGISTRAR'S SIGNATURE Mrs. Nell B. Jones 373

25. FUNERAL DIRECTOR'S SIGNATURE Norman Funeral Home; Chillicothe, Mo. ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

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 Elton F. Romeu

Licensed Embalmer No. 4036

P. O. Address Chillicothe, 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.