

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40864

State File No. ....

FILED DEC 27 1951

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

BIRTH NO. _____		REG. DIST. NO. <u>47</u>		PRIMARY REG. DIST. NO. <u>3008</u>		Registrar's No. <u>342</u>	
1. PLACE OF DEATH a. COUNTY <u>Callaway</u> <span style="float: right;"><u>0143</u></span>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton</u>		c. LENGTH OF STAY (In this place) <u>2 Days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton</u> <span style="float: right;"><u>6-1</u></span>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Callaway Co., Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>R.F.D.# 6</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Monroe</u>		b. (Middle) <u>William</u>		c. (Last) <u>Smeltzer</u>	
		4. DATE OF DEATH		(Month) <u>Dec.</u>		(Day) <u>10</u> (Year) <u>1951</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec. 9. 1874</u>	
		9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>1</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>United Brethren Minister</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>		11. BIRTHPLACE (State or foreign country) <u>Dauphin Co, Penn. /</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>John Wm. Smeltzer</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Jane Fisher</u>			14. NAME OF HUSBAND OR WIFE <u>Blanche</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		(If yes, give year or date of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. M. W. Smeltzer, Fulton, MO R#6</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary sclerosis</u>					<u>5 years</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis</u>					<u>10-15 years</u>
		DUE TO (c) <u>Anemia</u>					<u>2 years</u>
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bronchial pneumonia</u>					<u>3 days</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>					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) m.		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 <u>Oct 17</u> , 19 <u>51</u> , to <u>Dec 10</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Dec 10</u> , 19 <u>51</u> , and that death occurred at <u>2:10 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Lloyd E. Sketchies M.D.</u>				23b. ADDRESS <u>Fulton, Missouri</u>		23c. DATE SIGNED <u>12/12/1951</u>	
24a. BURIAL (CREMATION REMOVAL) (Specify) <u>Burial</u>		24b. DATE <u>Dec. 13, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>U.B. Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Rural, Fulton Mo</u>	
DATE REC'D BY LOCAL REG. <u>Dec-12-1951</u>		REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u> <span style="float: right;"><u>426</u></span>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wallace Funeral Home, Fulton, Mo</u>		ADDRESS	

THE No. 1  
DISTRICT HEALTH OFFICE No. 4

DEC 29 1951

RECEIVED

*[Handwritten mark]*

**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 *Denzil C. Browning*

Licensed Embalmer No. *2724*

P. O. Address *Fulton, 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.