

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 5 1952

State File No. **42087**

BIRTH NO. _____ REG. DIST. NO. **165** PRIMARY REG. DIST. NO. **4253** Registrar's No. **16**

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before death.) a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) Chilhowee,		c. CITY (If outside corporate limits, write RURAL and give township) Chilhowee	
c. LENGTH OF STAY (In this place) 13 year		d. STREET ADDRESS (If rural, give location) 510	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS	

3. NAME OF DECEASED (Type or Print)	a. (First) John	b. (Middle) Husted	c. (Last) Smith	4. DATE OF DEATH (Month) (Day) (Year) - Dec. 23, 1951
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) married	8. DATE OF BIRTH Aug. 28, 1872	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months 3 Days 25	IF UNDER 1 HR. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	10b. KIND OF BUSINESS OR INDUSTRY retired	11. BIRTHPLACE (State or foreign country) D Warrensburg, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Levi Smith	13b. MOTHER'S MAIDEN NAME Elizabeth Vanasdale	14. NAME OF HUSBAND OR WIFE Ella Smith
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) yes Spanish-American 500-14-1252	16. SOCIAL SECURITY NO. 500-14-1252	17. INFORMANT'S SIGNATURE OR NAME Ella Smith, Chilhowee, Mo.	ADDRESS 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular accident		INTERVAL BETWEEN ONSET AND DEATH 6 days 10 yrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) auricular fibrillation		
	DUE TO (c)		
11. 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 4331	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from **19 Dec., 1951**, to **22 Dec., 1951**, that I last saw the deceased alive on **19 Dec., 1951**, and that death occurred at **12:15 P.M.** from the causes and on the date stated above.

23a. SIGNATURE Walter Mason MD (Degree or title)	23b. ADDRESS Warrensburg Mo	23c. DATE SIGNED 24 Dec 51
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 12/26/51	24c. NAME OF CEMETERY OR CREMATORY Cecil Cemetery	24d. LOCATION (City, town, or county) (State) Cornelia, Missouri
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DATE REC'D BY LOCAL REG. 12-26-51	REGISTRAR'S SIGNATURE Walter Mason	25. FUNERAL DIRECTOR'S SIGNATURE Cook Funeral Home ADDRESS Chilhowee, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOTICE

RECEIVED
JAN 4 1952
RECEIVED
JOHNSON COUNTY HEALTH DEPT.

JAN 2 1953

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 _____

Signed _____
Student Embalmer

Licensed Embalmer No. 4335

P. O. Address. Chilhowee,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.