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FILED JAN 8 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42595

BIRTH NO. _____ REG. DIST. NO. 284 PRIMARY REG. DIST. NO. 306 Registrar's No. 309

1. PLACE OF DEATH a. COUNTY randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, write RURAL and give township) Moberly	c. LENGTH OF STAY (in this place) 4 mo. 6	c. CITY (If outside corporate limits, write RURAL and give township) Huntsville	
d. FULL NAME OF HOSPITAL OR INSTITUTION Wabash Hospital		d. STREET ADDRESS (If rural, give location) /	

3. NAME OF DECEASED (Type or Print)	a. (First) William	b. (Middle) Alexander	c. (Last) Smith	4. DATE OF DEATH (Month) (Day) (Year) December 25, 1951
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5. SEX male	6. COLOR OR RACE negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan. 27, 1873	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months Days	IF UNDER 6 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. section laborer	10b. KIND OF BUSINESS OR INDUSTRY Wabash R.R.	11. BIRTHPLACE (State or foreign country) Randolph County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Ala. Smith	13b. MOTHER'S MAIDEN NAME Annie Hanver	14. NAME OF HUSBAND OR WIFE Stella M. 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. none	17. INFORMANT'S SIGNATURE OR NAME William G. Smith; Moberly, Missouri	ADDRESS
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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) Arteriosclerosis Gangrene		INTERVAL BETWEEN DEATH AND DEPOSIT 7 weeks
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Left Leg. & Right Leg.		
	DUE TO (c) Diabetes Mellitus		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 12 Sept 51	19b. MAJOR FINDINGS OF OPERATION Amputation Left Leg 3rd	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) (COUNTY) (STATE)
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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? 260X
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22. I hereby certify that I attended the deceased from **Aug 15, 1951**, to **Dec 25, 1951**, that I last saw the deceased alive on **Dec 24, 1951**, and that death occurred at **2:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE W. G. Smith	(Degree or title)	23b. ADDRESS Wabash Hospital Moberly, Mo	23c. DATE SIGNED 29 Dec 51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-28-1951	24c. NAME OF CEMETERY OR CREMATORY Huntsville Cemetery	24d. LOCATION (City, town, or county) (State) Huntsville, Missouri
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DATE REC'D BY LOCAL REG. 12-28-51	REGISTRAR'S SIGNATURE Paul W. Bell	25. FUNERAL DIRECTOR'S SIGNATURE Tom B. Patton	ADDRESS Huntsville
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED

JUL 20 1955

JAN 2 1952

Date Received:
DISTRICT HEALTH OFFICE #2
District File Number 1-52-
Date Filed:

JAN 5 1952

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 Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville, Ala

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.