

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1028

State File No. ....

FILED JAN 22 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 3022 Registrar's No. 9

|   |   |   |  |
|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Harrison</u>      |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Mo.</u> b. COUNTY <u>Harrison</u> |  |
| b. CITY OR TOWN <u>Bethany</u>                      | c. LENGTH OF STAY (in this place) <u>21 yrs</u> | c. CITY OR TOWN <u>Bethany</u> <u>0411</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u> |   | d. STREET ADDRESS (If rural, give location) <u>S. 14th St.,</u> <u>5</u>  |  |

|   |            |             |           |  |
|---|------------|-------------|-----------|--|
| 3. NAME OF DECEASED (Type or Print) <u>Okley Leoran Smith</u> | a. (First) | b. (Middle) | c. (Last) | 4. DATE OF DEATH (Month) (Day) (Year) <u>1-13-52</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>Aug. 8, 1895</u> | 9. AGE (in years last birthday) <u>56</u> | IF UNDER 1 YEAR Months <u>5</u> | IF UNDER 4 HRS. Days <u>5</u> Hours <u>5</u> Mins. |
|--------------------|-------------------------------|---|--------------------------------------|---|---------------------------------|--|

|  |                                   |   |   |
|--|-----------------------------------|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>Ravenwood, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
|--|-----------------------------------|---|---|

|   |   |   |
|---|---|---|
| 13a. FATHER'S NAME <u>John Monroe Smith</u> | 13b. MOTHER'S MAIDEN NAME <u>Lourella Russell</u> | 14. NAME OF HUSBAND OR WIFE <u>Vada Smith</u> |
|---|---|---|

|   |                         |   |
|---|-------------------------|---|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME <u>Vada Smith</u> ADDRESS <u>Bethany, Mo.</u> |
|---|-------------------------|---|

|  |   |         |   |
|--|---|---------|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |         | INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u> |
|  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Rectum</u>   |         |   |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |         |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Metastases to lung + liver</u>  |   | 1 year, |   |

|   |  |  |
|---|--|--|
| 19a. DATE OF OPERATION <u>Early Dec. 1951</u> | 19b. MAJOR FINDINGS OF OPERATION <u>As above - (Ellis Fischel State Ca Hoop)</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Minute) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>15.4X</u> |
|--|--|---|

22. I hereby certify that I attended the deceased from 11-5, 1951, to 1-13, 1952, that I last saw the deceased alive on 1-11, 1952, and that death occurred at 12:30 a.m., from the causes and on the date stated above.

|   |                                  |                                 |
|---|----------------------------------|---------------------------------|
| 23a. SIGNATURE <u>Leonard R. Lee M.D.</u> (Degree or title) | 23b. ADDRESS <u>Bethany, Mo.</u> | 23c. DATE SIGNED <u>1-15-52</u> |
|---|----------------------------------|---------------------------------|

|   |                            |  |   |
|---|----------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>miriam</u> | 24b. DATE <u>1-15-1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Miriam</u> | 24d. LOCATION (City, town, or county) (State) <u>Bethany, Mo.</u> |
|---|----------------------------|--|---|

|   |   |   |
|---|---|---|
| DATE REC'D BY LOCAL REG. <u>1/15/52</u> | REGISTRAR'S SIGNATURE <u>Zola Burrows</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Haas</u> ADDRESS <u>Bethany, Mo.</u> |
|---|---|---|

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

0411

115 85 2

APR 30 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 W. B. Haas

Licensed Embalmer No. 3899

P. O. Address Bethany 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.

