

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1867

State File No.

1540
1

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 5642 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>LAFAYETTE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>LAFAYETTE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL MIDDLETON TWP</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL Columbus Twp</u>	
c. LENGTH OF STAY (In this place) <u>4 YRS</u>		d. STREET ADDRESS (If rural, give location) <u>ODessa, MO 9 MI SOUTH</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 MI EAST OF ALMA MO</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u>	b. (Middle) <u>RICE</u>	c. (Last) <u>SMITH</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 6 1952</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>MAR. 2. 1872</u>
9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	11. BIRTHPLACE (State or foreign country) <u>COLUMBUS TWP. LAFAYETTE CO. MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>
13a. FATHER'S NAME <u>WRIGHT SMITH</u>	13b. MOTHER'S MAIDEN NAME <u>KATE SANDERS</u>	14. NAME OF HUSBAND OR WIFE <u>MRS WINIFRED SMITH DECEASED</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. ELMER WALKENHOUT ALMA. MO.</u>	
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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral vascular accident</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Hypertensive cardio-vascular disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>2 WKS.</u> <u>?</u>
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>443X</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) _____	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>13 Dec. 1951</u> , to <u>3 Jan. 1952</u> , that I last saw the deceased alive on <u>3 Jan. 1952</u> , and that death occurred at <u>9 a. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Thomas B. Rees</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Higginsville, Mo.</u>	23c. DATE SIGNED <u>1/7/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JAN 9, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BLACKWATER CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>1 1/2 WEST OF WARRENSTOWN MO</u>
DATE REC'D BY LOCAL REG. <u>1-8-1952</u>	REGISTRAR'S SIGNATURE <u>Clayton H. Landrum</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>E. S. James</u>	ADDRESS <u>Concordia, Mo</u>

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

RECEIVED JAN 15 1952
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed JAN 15 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 ME

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed E. S. James

Licensed Embalmer No. 2058

P. O. Address Concordia, 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.