

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2354

State File No. ....

FILED JAN 23 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 5988 Registrar's No. 5

1. PLACE OF DEATH  
 a. COUNTY PUTNAM  
 b. CITY (If outside corporate limits, write RURAL and give town) HARTFORD  
 c. LENGTH OF STAY (in this place) ELm LIFE TIME  
 d. FULL NAME OF HOSPITAL OR INSTITUTION U. S. A.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
 a. STATE MISSOURI b. COUNTY PUTNAM  
 c. CITY (If outside corporate limits, write RURAL and give township) HARTFORD  
 d. STREET ADDRESS (If rural, give location) L L L L

3. NAME OF DECEASED  
 a. (First) ZORA b. (Middle) \_\_\_\_\_ c. (Last) SMITH  
 4. DATE OF DEATH (Month) (Day) (Year) JANUARY 5, 1952

5. SEX MALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED  
 8. DATE OF BIRTH SEPTEMBER 11, 1877 9. AGE (In years last birthday) 74 10. MONTHS 3 11. DAYS 26 12. CITIZEN OF WHAT COUNTRY? U. S. A.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) "RETIRED" FARM HAND  
 10b. KIND OF BUSINESS OR INDUSTRY FARM  
 11. BIRTHPLACE (State or foreign country) PUTNAM COUNTY, MISSOURI  
 13a. FATHER'S NAME Artistarchus Smith  
 13b. MOTHER'S MAIDEN NAME JOSEPHINE MILLAIRNES  
 14. NAME OF HUSBAND OR WIFE IVY L. SMITH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO  
 16. SOCIAL SECURITY NO. \_\_\_\_\_  
 17. INFORMANT'S SIGNATURE OR NAME MRS. IVY L. SMITH ADDRESS HARTFORD, MISSOURI

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) Coronary heart attack  
 ANTECEDENT CAUSES Cardiovascular disease  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 DUE TO (b) \_\_\_\_\_  
 DUE TO (c) \_\_\_\_\_  
 II. 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 4.201  
 20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR \_\_\_\_\_

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 1950, to \_\_\_\_\_, 1952, that I last saw the deceased alive on Jan-1, 1952, and that death occurred at 4:00P m., from the causes and on the date stated above.

23a. SIGNATURE Pl Hart (Degree or title) \_\_\_\_\_ 23b. ADDRESS Coastville Mo 23c. DATE SIGNED 1-7-52

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE 1/7/52 24c. NAME OF CEMETERY OR CREMATORY HARTFORD CEMETERY 24d. LOCATION (City, town, or county) (State) HARTFORD, MISSOURI

DATE REC'D BY LOCAL REG. 1-19-52 REGISTRAR'S SIGNATURE Marvell Durbin 25. FUNERAL DIRECTOR'S SIGNATURE BY John H. Comstock ADDRESS COMSTOCK FUNERAL HOME UNIONVILLE, MO.

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

860  
1

*11/28 1901  
James W. Comstock  
Embalmers Association*

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.....  
Student Embalmer

Signed *James W Comstock*  
Licensed Embalmer No. *4197*

P. O. Address *32  
Gardenville, 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.