

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 25 1952

BIRTH NO. _____ REG. DIST. NO. 12 PRIMARY REG. DIST. NO. 3003 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monett</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monett 0051</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>4040-2nd St</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Dallas</u>	b. (Middle) <u>X</u>	c. (Last) <u>Smith</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 14 1952</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Unmarried</u>	8. DATE OF BIRTH <u>Feb-14-1901</u>	9. AGE (In years last birthday) <u>51</u>	IF UNDER 1 YEAR Months <u>-</u> Days <u>-</u>	IF UNDER 6 wks. Hours <u>-</u> Min. <u>-</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Carpenter</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Comodor Smith</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy An Ellen Baker</u>	14. NAME OF HUSBAND OR WIFE <u>Della</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>496-07-7300</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Della Smith</u>	ADDRESS <u>Monett</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>10 min</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>none known</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none known</u>		DUE TO (c)	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	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) (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 2-14, 1952, to 2-14, 1952, that I last saw the deceased alive on 2-14, 1952, and that death occurred at 9:30 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. L. Edwards M.D.</u> (Degree or title)	23b. ADDRESS <u>Monett, Mo</u>	23c. DATE SIGNED <u>2-18-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-17-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Odd Fellows</u>	24d. LOCATION (City, town, or county) (State) <u>Monett Lawrence Co Mo</u>
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DATE REC'D BY LOCAL REG. <u>Feb 21-1952</u>	REGISTRAR'S SIGNATURE <u>Whitney A. Warrington</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. P. Buchanan</u>	ADDRESS <u>Monett Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2051

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 J. P. Buchanan

Licensed Embalmer No. 3179

P. O. Address Montevideo

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.