

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5901

State File No. ....

FILED FEB 18 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 4372 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY <u>NODAWAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>NODAWAY</u>	
b. CITY OR TOWN <u>BURLINGTON JCT</u> c. LENGTH OF STAY (in this place) <u>6 yr</u>		c. CITY OR TOWN <u>BURLINGTON JCT</u> d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>ALEXANDER</u> c. (Last) <u>SMITH</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 12, 1952</u>
---	---

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JULY 23 1862</u>	9. AGE (In years last birthday) <u>89</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>20</u>	IF UNDER 48 HRS. Hours _____ Mins. _____
-----------------	---------------------------	---	--------------------------------------	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	11. BIRTHPLACE (State or foreign country) <u>BLOOMFIELD OHIO</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>
---	--	--	---

13a. FATHER'S NAME <u>WILLIAM P. SMITH</u>	13b. MOTHER'S MAIDEN NAME <u>ELIZABETH JANE FOSTER</u>	14. NAME OF HUSBAND OR WIFE <u>FLORA BELLE NORRIS</u>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or date of service)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>MRS FLORA SMITH</u> ADDRESS <u>BURL JCT 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 mo.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Genetal Hypertension</u> 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 _____	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) <u>331X</u>
--	--	--

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 Oct. 21, 1951, to Feb. 12, 1952, that I last saw the deceased alive on Feb. 12, 1952, and that death occurred at 11 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>L. E. Wallace M.D.</u> (Degree or title)	23b. ADDRESS <u>Burlington Jct. Mo.</u>	23c. DATE SIGNED <u>2-15-52</u>
--	---	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>2-16-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>HOME CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>TARKIO MO</u>
---	----------------------------	---	--

DATE REC'D BY LOCAL REG. <u>2-16-52</u>	REGISTRAR'S SIGNATURE <u>Bess Holt</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>James Burl. Jct Mo</u> ADDRESS _____
---	--	--

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

**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.

Signed.....  
Student Embalmer

Signed.....

Student Embalmer No.....

Licensed Embalmer No. 2968

P. O. Address Dist. Jct M

**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.