

MAR 31 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7653
State File No.

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 99

1. PLACE OF DEATH a. COUNTY <u>CAPE GIRARDEAU</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>CAPE GIRARDEAU</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>CAPE GIRARDEAU</u>	c. LENGTH OF STAY (in this place) <u>5 MINUTES</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>CAPE GIRARDEAU 0164</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. FRANCIS Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>COYNER BENTON & WALNUT</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>RODNEY</u> b. (Middle) <u>WAYNE</u> c. (Last) <u>SMITH</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 24, 1952</u>					
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>SEPT. 6, 1949</u>	9. AGE (in years last birthday) <u>2</u>	10. IF UNDER 1 YEAR Months <u>6</u> Days <u>18</u>	11. IF UNDER 14 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Inf</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>CAPE GIRARDEAU, MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>FLETCHER SMITH</u>	13b. MOTHER'S MAIDEN NAME <u>MARIE LINCOLN</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</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>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Fletcher Smith</u> ADDRESS <u>Cape Girardeau Mo</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>SHOOT - ENTERITIS</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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 3/24, 1952 to 3/24, 1952, that I last saw the deceased alive on 3/24, 1952, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Ch. Smith</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Cape Girardeau Mo</u>	23c. DATE SIGNED <u>3/27/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 26, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lorimer Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>CAPE GIRARDEAU, MO</u>
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DATE REC'D BY LOCAL REG. <u>3-27-52</u>	REGISTRAR'S SIGNATURE <u>C. C. Summers</u> <u>4-0</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Loren Sear</u> <u>FORD-YOUNG FUNERAL HOME, INC. CAPE GIRARDEAU, MISSOURI</u>
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WRITE PLAINLY - USING UNFADING BLACK INK - MAKE A PERMANENT RECORD

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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 _____

Lewell J. ...

Signed.....

Student Embalmer

Licensed Embalmer No. 4756

P. O. Address Cape Girardeau, 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.