

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9381

State File No.

DEATH APR 8 1952

BIRTH NO. REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 110

1. PLACE OF DEATH a. COUNTY <i>Pettis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Cooper</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Sedalia</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Rural 5 miles N of Smithton</i>	
OR TOWN		OR TOWN	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>524 E 5th</i>		d. STREET ADDRESS (If rural, give location) <i>1</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>Lewis</i> b. (Middle) <i>S.</i> c. (Last) <i>Smith</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>March 31-52</i>	
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>		8. DATE OF BIRTH <i>July 21-1880</i>	
9. AGE (In years last birthday) <i>71</i>		10. AGE (In years last birthday) <i>71</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Inefficient</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Cooper Co Mo</i>	
11. BIRTHPLACE (State or foreign country) <i>Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>Mo</i>	
13a. FATHER'S NAME <i>W. P. Smith</i>		13b. MOTHER'S MAIDEN NAME <i>Laura Bohannon</i>	
14. NAME OF HUSBAND OR WIFE <i>Rice Smith</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>none</i>	
16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Rice Smith</i> ADDRESS <i>Smithton Mo</i>	
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) <i>Acute Cardiac Dilatation</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <i>Chronic Myocarditis</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>4222</i>	
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) (Minute)		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 <i>examined the body of the deceased, as deputy coroner of Pettis County</i> attended the deceased from <i>10</i> o'clock on <i>3-31</i> , 19 <i>52</i> , and that death occurred at <i>7 a.m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>J. M. Rodeman, M.D. - Deputy Coroner</i>		23b. ADDRESS <i>Sedalia Mo</i>	
23c. DATE SIGNED <i>3-31-52</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Apr 1-52</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Smithton</i>		24d. LOCATION (City, town, or county) (State) <i>Smithton Mo</i>	
DATE REC'D BY LOCAL REG. <i>4-1-1952</i>		REGISTRAR'S SIGNATURE <i>A. G. Campbell</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>A. F. Newmyer</i>		ADDRESS <i>Smithton Mo</i>	

251-C (Licensed Embalmer's Statement on Reverse Side)

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed..... *A. F. Neumayer*

Licensed Embalmer No. *3912*

P. O. Address. *Smithton 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.