

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9428

State File No. ....

FILED APR 15 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 30

8210

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

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Louisiana</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bowling Green</u> <u>0820</u>	
c. LENGTH OF STAY (In this place) <u>3 day</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF (If not in hospital, or institution, give street address of location) HOSPITAL OR INSTITUTION <u>Pike County Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>TOM</u> b. (Middle) _____ c. (Last) <u>Smith</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 10 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>Widowed 2</u>	8. DATE OF BIRTH <u>1870</u>	9. AGE (In years last birthday) <u>82</u> # UNDER 1 YEAR: Months _____ Days _____ # UNDER 6 HRS: Hours _____ Min. _____
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10a. USUAL OCCUPATION (This kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Pike Co. MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>Smith</u>	13b. MOTHER'S MAIDEN NAME <u>Don't know</u>	14. NAME OF HUSBAND OR WIFE <u>Katherine Smith</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>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>No one special. Pike Co MO</u> ADDRESS _____
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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, asthenia, 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>Cardiac Decompensation</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart disease</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Malnutrition</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>None</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) <u>4200</u>
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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 2-17-1952 to 3-10-1952, that I last saw the deceased alive on 3-10-1952, and that death occurred at 5:43 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>L.R. Johnson M.D.</u>	23b. ADDRESS <u>LOUISIANA, MO</u>	23c. DATE SIGNED _____
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar 18-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Spencersburg</u>	24d. LOCATION (City, town, or county) (State) <u>Pike Co. MO</u>
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DATE REC'D BY LOCAL REG. <u>April 4, 1952</u>	REGISTRAR'S SIGNATURE <u>Bernice Callier</u> 374	2. FUNERAL DIRECTOR'S SIGNATURE <u>Grace Rankin</u> ADDRESS <u>Bowling Green MO</u>
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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 Harold C. Kline

Signed.....  
Student Embalmer

Licensed Embalmer No. 4597

P. O. Address Banbury Grove

**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.