

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11843

State File No.

No. 300
10.48
FILED APR 15 1952

BIRTH NO. _____ REG. DIST. NO. 374 PRIMARY REG. DIST. NO. 6276 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Worth</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Iowa</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Grant City Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Des Moines Iowa</u>	
c. LENGTH OF STAY (In this place) <u>10 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Unknown</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u> b. (Middle) <u>L</u> c. (Last) <u>Smith</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 4 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>married</u>	8. DATE OF BIRTH <u>Nov 13 - 1872</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>4</u>	IF UNDER 24 HRS. Days <u>21</u>	IF UNDER 60 MINS. Hours <u>4</u>
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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>Jackson County Iowa</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>
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13a. FATHER'S NAME <u>Richard Smith</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Ann Linsley</u>	14. NAME OF HUSBAND OR WIFE <u>Lela M Smith</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lela Smith</u>	ADDRESS <u>Grant City 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERNAL BETWEEN ONSET AND DEATH <u>15 MIN.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Sclerosis</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 <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) _____	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 JAN 15, 1952, to MARCH 30, 1952, that I last saw the deceased alive on MARCH 20, 1952, and that death occurred at 3:15 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Richard G. Smith</u> (Degree or title) <u>D.D.</u>	23b. ADDRESS <u>Grant City, Mo.</u>	23c. DATE SIGNED <u>4-5-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 6 - 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Grant City Mo</u>	24d. LOCATION (City, town, or county) (State) <u>Cemetery Grant City Mo</u>
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DATE REC'D BY LOCAL REG. <u>April 7 - 1952</u>	REGISTRAR'S SIGNATURE <u>Kate E. Duverson</u>	3450	25. FUNERAL DIRECTOR'S SIGNATURE <u>John Anderson</u>	ADDRESS <u>Grant City Mo</u>
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WRITE PLAINLY—USING UNFAADING 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.

John Andrews

Student Embalmer No.

Signed

John Andrews

Signed.....
Student Embalmer

Licensed Embalmer No. *4211*

P. O. Address *Grant City 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.