No. 300
10.48

FILED APR 21 1952

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12099

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 387

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1. PLACE OF DEATH
a. COUNTY Buchanan.
b. CITY (If outside corporate limits, write RURAL and give township) ~~OR TOWN~~ St. Joseph
c. LENGTH OF STAY (in this place) 19 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospital No. 2.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri - b. COUNTY Buchanan
c. CITY (If outside corporate limits, write RURAL and give township) ~~OR TOWN~~ St. Joseph. 0117
d. STREET ADDRESS (If rural, give location) 3210 Druid Park Ave. 0

3. NAME OF DECEASED (Type or Print) a. (First) CARL b. (Middle) O. c. (Last) SMITH.

4. DATE OF DEATH (Month) (Day) (Year) 4 - 8 - 1952.

5. SEX 0 male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 1
8. DATE OF BIRTH 1869.
9. AGE (In years last birthday) 83 — IF UNDER 1 YEAR Months ? Days 9 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Coal Dealer
10b. KIND OF BUSINESS OR INDUSTRY Coal Business
11. BIRTHPLACE (State or foreign country) Vermont. 1
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Franklin Smith
13b. MOTHER'S MAIDEN NAME Elizabeth Cobly.
14. NAME OF ~~HUSBAND~~ OR WIFE Clara Elizabeth Smith.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) No.
16. SOCIAL SECURITY NO. None.
17. INFORMANT'S SIGNATURE OR NAME Clara E. Smith - 3210 Druid Park Ave St Joseph Mo. ADDRESS

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) chronic myocarditis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Psychosis

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4221
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-19-, 1952, *to* 4-8-, 1952, *that I last saw the deceased alive on* 4-7-, 1952, *and that death occurred at* 12 20 A m., *from the causes and on the date stated above.*

23a. SIGNATURE C. E. Cossier - 0 (Degree or title) M. D.
23b. ADDRESS State Hospital No. 2 St Joseph Mo.
23c. DATE SIGNED 4-8-1952.

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 5
24b. DATE April 10.1952
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) Effingham (State) Kansas

DATE REC'D BY LOCAL REG. April 12, 1952
REGISTRAR'S SIGNATURE Carl E. Cassier 4-12
25. FUNERAL DIRECTOR'S SIGNATURE Stamey Funeral Home ADDRESS St. Joseph Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

Morrowway O. D.

MAY 1 1954

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.

Signed Charles E. Bennett

Signed _____
Student Embalmer

Licensed Embalmer No. H677

P. O. Address St Joseph 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.