

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

13838

State File No.

No. 300 (10-48) MAY 14 1952

830

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

BIRTH NO. _____		REG. DIST. NO. <u>280</u>		PRIMARY REG. DIST. NO. <u>5960</u>		Registrar's No. <u>40</u>		
1. PLACE OF DEATH a. COUNTY <u>PLATTE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>PLATTE</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pearl - Live</u>		c. LENGTH OF STAY (in this place) <u>WIFE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dearborn, MO</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME</u>				d. STREET ADDRESS (If rural, give location) <u>0830</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>MARTIN</u> c. (Last) <u>SMITHER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 2 1952</u>					
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>9-4-1883</u>		9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.	
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		11. BIRTHPLACE (State or foreign country) <u>Platte County, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Benjamin Smither</u>			13b. MOTHER'S MAIDEN NAME <u>Lucy Throckmartin</u>		14. NAME OF HUSBAND OR WIFE <u>Mr. Lena Smither</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Lena Smither</u>				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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerotic heart</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Disease</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>12 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200</u>					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) (m.)		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 attended the deceased from <u>9-1</u> , 19 <u>48</u> , to <u>5-2</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>5-2</u> , 19 <u>52</u> and that death occurred at <u>8:30 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>S. L. Durham M.D.</u> (Degree or title)				23b. ADDRESS <u>Dearborn 270</u>		23c. DATE SIGNED <u>5-12-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>5-4-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dearborn Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Dearborn mo</u>			
DATE REC'D BY LOCAL REG. <u>5-4-52</u>		REGISTRAR'S SIGNATURE <u>Rphia Ralim</u> <u>257</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Wughan & Aufranc</u> ADDRESS <u>Dearborn, Mo.</u>			

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 W. B. Vaughn.....

Licensed Embalmer No. 4023.....

P. O. Address Weston 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.