S. No. 300
v. 10-48

1030
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15356

FILED MAY 7 1952

BIRTH NO. _____ REG. DIST. NO. 391 PRIMARY REG. DIST. NO. 6153 Registrar's No. 4

1. PLACE OF DEATH
a. COUNTY: Stoddard
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Pike
c. LENGTH OF STAY (in this place): 6 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Near Advance Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Stoddard
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Pike 1030 0
d. STREET ADDRESS (If rural, give location): Near Advance, Mo

3. NAME OF DECEASED (Type or Print)
a. (First): SANFORD
b. (Middle): MONROE
c. (Last): SMITH

4. DATE OF DEATH (Month) (Day) (Year): Jan. 31, 1952

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: Jan. 24, 1885
9. AGE (In years last birthday) | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

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

13a. FATHER'S NAME: William Smith
13b. MOTHER'S MAIDEN NAME: Tennessee Bartley
14. NAME OF HUSBAND OR WIFE: Lucy Smith, Advance Mo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 495-16-6847
17. INFORMANT'S SIGNATURE OR NAME: Lucy Smith
ADDRESS: Advance Mo

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) Myocardial Decompensation
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
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: [illegible]

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4343
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* Aug, 1950, *to* Jan 31, 1952, *that I last saw the deceased alive on* Jan 31, 1952, *and that death occurred at* 10 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D. F. Merrill M.D.
23b. ADDRESS: Advance Mo.
23c. DATE SIGNED: 1 Feb 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb 3, 1952
24c. NAME OF CEMETERY OR CREMATORY: Morgan Memorial Park
24d. LOCATION (City, town, or county) (State): Advance, Missouri

DATE REC'D BY LOCAL REG.: 3/14/52
REGISTRAR'S SIGNATURE: Bernice Moore 360
25. FUNERAL DIRECTOR'S SIGNATURE: Floyd S. Morgan
ADDRESS: Advance Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 William H Morgan, Student Embalmer No. ____, working under my personal supervision.

Student ____
Student Embalmer

Signed William H Morgan

Licensed Embalmer No. 2640

P. O. Address Adrome, 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.