

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15425**

FILED MAY 7 1952
BIRTH NO. REG. DIST. NO. **367** PRIMARY REG. DIST. NO. **6234** Registrar's No. **36**

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

1. PLACE OF DEATH a. COUNTY Warren		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Warren	
b. CITY (If outside corporate limits, write RURAL and give township) Truesdale		c. CITY (If outside corporate limits, write RURAL and give township) Truesdale	
c. LENGTH OF STAY (in this place) 8 years		1090	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) Clyde H. Smith			4. DATE OF DEATH (Month) (Day) (Year) May 3, 1952		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec. 25, 1886	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR: Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plasterer		10b. KIND OF BUSINESS OR INDUSTRY Construction		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Jake Smith	13b. MOTHER'S MAIDEN NAME Lucy Roberts	14. NAME OF HUSBAND OR WIFE Helen Griffin Smith
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) World War I 491-14-4437	17. INFORMANT'S SIGNATURE OR NAME Mrs. Helen Smith, Truesdale, Mo.	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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia Convulsions		INTERVAL BETWEEN ONSET AND DEATH 18 hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Capillary Bronchitis Bronchial Asthma		
	DUE TO (c) Myocarditis		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			Several years
19a. DATE OF OPERATION			
19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE (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)	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **May 2, 1952**, to **May 3, 1952**, that I last saw the deceased alive on **May 3, 1952**, and that death occurred at **11 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE Walter H. Dyer M.D.	(Degree or title)	23b. ADDRESS Warrenton, Mo.	23c. DATE SIGNED May 5, 1952
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-5-52	24c. NAME OF CEMETERY OR CREMATORY City Cemetery	24d. LOCATION (City, town, or county) (State) Warrenton, Mo.
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DATE REC'D BY LOCAL REG. 5-5-52	REGISTRAR'S SIGNATURE Floyd Logan	25. FUNERAL DIRECTOR'S SIGNATURE F.W. Nieburg & Co., Warrenton, Mo.	ADDRESS
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MAY 9 1952

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.....
Student Embalmer

Signed John Hieburg
Licensed Embalmer No. 3897

P. O. Address Warrenton, 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.