

FILED MAY 26 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15537

BIRTH NO.		REG. DIST. NO. 11	PRIMARY REG. DIST. NO. 4024	Registrar's No. 61
1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Barry		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cassville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cassville		
d. FULL NAME OF HOSPITAL OR INSTITUTION Community Hospital		d. STREET ADDRESS (If rural, give location) 202 West 6th		
3. NAME OF DECEASED a. (First) Timothy		b. (Middle) William		c. (Last) Smith
4. DATE OF DEATH (Month) (Day) (Year) May 13, 1952				
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH 9-14-1947
9. AGE (In years last birthday) 4		IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child		10b. KIND OF BUSINESS OR INDUSTRY Child		11. BIRTHPLACE (State or foreign country) California
12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME C. W. (Bill) Smith		13b. MOTHER'S MAIDEN NAME Alice May Harris		14. NAME OF HUSBAND OR WIFE none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. C. W. Smith
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) Cardiac arrest		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 5-13-52		19b. MAJOR FINDINGS OF OPERATION Operates for hypospadias		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 May 9, 1952, to May 13, 1952, that I last saw the deceased alive on May 13, 1952, and that death occurred at 10 a. m., from the causes and on the date stated above.				
23a. SIGNATURE Arthur A. Michael, M.D.		23b. ADDRESS Cassville, Mo		23c. DATE SIGNED May 16, 1952
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-17-1952		24c. NAME OF CEMETERY OR CREMATORY Horner Cemetery
				24d. LOCATION (City, town, or county) (State) Barry County, Missouri
DATE REC'D BY LOCAL REG. 5-19-1952		REGISTRAR'S SIGNATURE Grace Williams		25. FUNERAL DIRECTOR'S SIGNATURE Paul D. Herbst
				ADDRESS Cassville, Mo

WRITE, PLAINLY—USING UNFADING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Paul D. Henbest

Licensed Embalmer No. 4576

P. O. Address Cassville, 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.