

FILED JUN 9 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16213

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>HENRY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>HENRY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>CLINTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>MONTROSE</u>	
c. LENGTH OF STAY (In this place) <u>12 DAYS</u>		d. STREET ADDRESS (If rural, give location) <u>RR #3</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CLINTON GENERAL HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>D.</u> c. (Last) <u>SMITH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 31, 1952</u>		
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Oct. 6, 1866</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 18 HRS. <u>7</u> DAYS <u>25</u> Hours <u>1</u> Min.
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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>SPRING, TENN.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>WILLIAM D. SMITH</u>	13b. MOTHER'S MAIDEN NAME <u>EVELYNE B. COLLINS</u>	14. NAME OF HUSBAND OR WIFE <u>Amanda B. Smith</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. W. D. Smith, Montrose, Mo.</u>	ADDRESS <u>Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sarcocystis homocystis</u>		<u>16 day</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fall in home</u>		<u>16 days</u>
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Uremia due to Urovascular nephritis E9040</u>	
19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION: <u>042</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>in home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Walton Township Henry Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fall in home!</u>

22. I hereby certify that I attended the deceased from May 15, 1952, to May 31, 1952, that I last saw the deceased alive on May 30, 1952 and that death occurred at 4:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>C. B. Hughes, M.D.</u> (Degree or title)	23b. ADDRESS <u>Clinton, Mo.</u>	23c. DATE SIGNED <u>6/3/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>June 3, 52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>White Oak Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Union, Mo. Rural</u>
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DATE REC'D BY LOCAL REG. <u>June 31-52</u>	REGISTRAR'S SIGNATURE <u>Florence Adair</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. B. Bousant</u> ADDRESS <u>Clinton, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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NOV 20 1957

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. A. Vansant

Licensed Embalmer No. 3779

P. O. Address Clinton, 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.