

U.S. No. 300
EV. 10.48

FILED MAY 28 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17645

State File No.

0930
1

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

| | | | | |
|---|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>311</u> | PRIMARY REG. DIST. NO. <u>6052</u> | Registrar's No. <u>8</u> |
| 1. PLACE OF DEATH a. COUNTY <u>St. Clair</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Clair</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Appleton City</u> | | c. LENGTH OF STAY (in this place) <u>1 year</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Osceola</u> <u>0930</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural Appleton Twp.</u> | | d. STREET ADDRESS (If rural, give location) <u>8</u> | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Grant</u> | | b. (Middle) <u>H.</u> | c. (Last) <u>Smay</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>May, 5 1952</u> |
| 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, 28, 1871</u> | 9. AGE (In years at birthday) <u>80</u> 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) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | 11. BIRTHPLACE (State or foreign country) <u>Osceola Iowa</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
| 13a. FATHER'S NAME <u>William A Smay</u> | | 13b. MOTHER'S MAIDEN NAME <u>Frederica Kelley</u> | 14. NAME OF HUSBAND OR WIFE <u>Miriam Smay</u> | |
| 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 ADDRESS <u>Miriam Smay, Appleton City Mo.</u> | |
| 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>Paralysis agitans</u> PRECEDENT CAUSES DUE TO (b) <u>senility</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>years</u> |
| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION: <u>350X</u> | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____ | 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>1946 to May 5, 1952</u> , that I last saw the deceased alive on <u>May 2, 1952</u> , and that death occurred at <u>10 P. m.</u> , from the causes and on the date stated above. | | | | |
| 23a. SIGNATURE OF REGISTRAR <u>Rich. S. Myers M.D.</u> (Degree or title) | | 23b. ADDRESS <u>Osceola Mo</u> | | 23c. DATE SIGNED <u>May 6</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>5/7/52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Osceola</u> | 24d. LOCATION (City, town, or county) (State) <u>Osceola Missouri.</u> | |
| DATE REC'D BY LOCAL REG. <u>May 29, 1952</u> | REGISTRAR'S SIGNATURE <u>Rich. S. Myers</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. B. Goodrich Osceola Mo</u> | | |

(License of 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 _____

Student-Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed by

J.B. [Signature]

Licensed Embalmer No. *3038*

P. O. Address *Osceola 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.