

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24095

State File No. _____

FILED JUL 29 1952

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 5427 Registrar's No. 84

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett-Independence</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett-Rural-R-1 1850</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 mi So-R-1</u>		d. STREET ADDRESS (If rural, give location) <u>5-mi-So</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>William Henry</u> b. (Middle) <u>Smedley</u> c. (Last) <u>Smedley</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 26 1952</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>April 16 1872</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 6 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming-Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>General farm work</u>	11. BIRTHPLACE (State or foreign country) <u>Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>John Lee Smedley</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Grant</u>	14. NAME OF HUSBAND OR WIFE <u>Travis Alton Smedley</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>492-16-4810</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Claud Smedley - Flint, Mich.</u> ADDRESS _____
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18. CAUSE OF DEATH Enter only one cause on line (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>Generalized arteriosclerosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac renal disease</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 21 June 1952 to 26 June 1952, that I last saw the deceased alive on 25 June 1952, and that death occurred at 11 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>James L. Colwell M.D.</u> (Degree or title)	23b. ADDRESS <u>Kennett, Mo.</u>	23c. DATE SIGNED <u>6-30-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 29 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lebanon</u>	24d. LOCATION (City, town, or county) (State) <u>Kennett-Rural Mo</u>
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DATE REC'D BY LOCAL REG. <u>7-1-52</u>	REGISTRAR'S SIGNATURE <u>Claud Smedley</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul Salvo</u> ADDRESS <u>Kennett, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

350
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RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 7-2-52
COUNTY FILE NUMBER 752-171.....

VS
MAY 1 1959

JUL 31 1952

MAY 1 1949

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.....

J. P. [Signature]

Signed.....
Student Embalmer

Licensed Embalmer No. 7557.....

P. O. Address Kennett, 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.