No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25297

State File No. .....

FILED JUL 29 1952

BIRTH NO. ..... REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 238

1. PLACE OF DEATH
a. COUNTY Pettis 0804
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sedalia
c. LENGTH OF STAY (in this place) 22 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 122 W Hamm St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Pettis 0804
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sedalia
d. STREET ADDRESS (If rural, give location) 122 W. Hamm.

3. NAME OF DECEASED (Type or Print)
a. (First) Joseph
b. (Middle) Oscar
c. (Last) Smith

4. DATE OF DEATH (Month) (Day) (Year) July 19, 1952

5. SEX Male 2
6. COLOR OR RACE Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1
8. DATE OF BIRTH Oct. 12, 1881
9. AGE (In years last birthday) 70 yr. 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) Porter (RET)
10b. KIND OF BUSINESS OR INDUSTRY Terry Hotel
11. BIRTHPLACE (State or foreign country) Georgetown, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Levi Smith
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Mrs. Nolla Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 491-07-4236
17. INFORMANT'S SIGNATURE OR NAME Mrs. Nolla Smith - ADDRESS Sedalia, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Facial paralysis

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4201
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-8-, 1952, *to* 9-19-, 1952, *that I last saw the deceased alive on* 7-19-, 1952, *and that death occurred at* 2:00 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE A. R. Maddox (Degree or title) M.D.C.
23b. ADDRESS 116½ W. Main
23c. DATE SIGNED 7-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial C
24b. DATE July 23, 1952
24c. NAME OF CEMETERY OR CREMATORY Crown Hill Annex Cemetery
24d. LOCATION (City, town, or county) Sedalia (State) Mo.

DATE REC'D BY LOCAL REG. 7-23-52
REGISTRAR'S SIGNATURE A. R. Campbell M.D. Bodie Hall deputy
25. FUNERAL DIRECTOR'S SIGNATURE Price Alexander ADDRESS Sedalia Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 18 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 ..... Student Embalmer No. .....

working under my personal supervision.

Student ..... Signed .....

Student Embalmer

Licensed Embalmer No. 4245

P. O. Address Sidelake

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.