

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25376**

FILED JUL 21 1952

BIRTH NO. _____ REG. DIST. NO. **290** PRIMARY REG. DIST. NO. **4427** Registrar's No. **87**

1. PLACE OF DEATH a. COUNTY Pulaski 0850		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Howell 0460	
b. CITY (If outside corporate limits, write RURAL and give township) Waynesville		c. LENGTH OF STAY (In this place) 14 Days	
d. FULL NAME OF HOSPITAL OR INSTITUTION Waynesville Gen. Hosp.		d. STREET ADDRESS (If rural, give location) Route #2	
3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) William c. (Last) SMITH		4. DATE OF DEATH (Month) (Day) (Year) July 11, 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Jan. 20, 1873
9. AGE (In years last birthday) 79		10. MONTHS 5	11. DAYS 21
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (State or foreign country) Green County Missouri
12. CITIZEN OF WHAT COUNTRY? 0		13a. FATHER'S NAME John Smith.	
13b. MOTHER'S MAIDEN NAME Martha Wallace		14. NAME OF HUSBAND OR WIFE Lillie Mae Smith	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) -- --		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Dorris Smith Wake, R2, Willow Spgs
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) Carcinoma left lung INTERVAL BETWEEN ONSET AND DEATH 6 mo ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 163X	
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 6-1-52 , 19 52 , to 7-11-52 , 19 52 , that I last saw the deceased alive on 7/11/52 , 19 52 , and that death occurred at 8:57 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE R. E. Johnson M.D.		23b. ADDRESS Waynesville, Mo.	
23c. DATE SIGNED 7-11-52		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 7/14/52		24c. NAME OF CEMETERY OR CREMATORY VanZant Cemetery	
24d. LOCATION (City, town, or county) (State) VanZant, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Burns Funeral Home, Willow Spgs., Mo.	
DATE REC'D BY LOCAL REG. 7-14-52		REGISTRAR'S SIGNATURE Carroll Spivey	

(Licensed Embalmer's Statement on Reverse Side)

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

Date Filed 7-19-52

File Number _____

Pulaski County Health Officer

RECEIVED 7-14-52

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 _____

Walter F. Nease

Signed _____

Student Embalmer

Licensed Embalmer No. H 265

P. O. Address Henri, 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.