

AUG 14 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26965

BIRTH NO. _____		REG. DIST. NO. 365		PRIMARY REG. DIST. NO. 6239		Registrar's No. 6	
1. PLACE OF DEATH a. COUNTY Washington				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Washington			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural (Bellevue)		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural (Bellevue) Bellevue		1100	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 1/2 Miles West of Bismarck				d. STREET ADDRESS 3 1/2 Miles West of Bismarck			
3. NAME OF DECEASED (Type or Print) a. (First) Sherman L. Smith			b. (Middle)			c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) July 22 1952							
5. SEX male 0		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married /		8. DATE OF BIRTH Dec 25 1870	
9. AGE (In years last birthday) 82		IF UNDER 1 YEAR Months 6 Days 28		IF UNDER 2 HRS. Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) Crawford Co., Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A							
13a. FATHER'S NAME John Smith			13b. MOTHER'S MAIDEN NAME Irene Faulkner			14. NAME OF HUSBAND OR WIFE Viola Smith	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Viola Smith Bismark 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, ashenia, etc. It means the disease, injury, or complication which caused death.		<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Prostatitis and cystitis</p> <p>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) followed by</p> <p>DUE TO (c) Septicemia</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p>					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			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) 610X			
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Name or title) Dr. F. Truwell M.D.				23b. ADDRESS Potosi Mo.		23c. DATE SIGNED 7/24/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE July 24 1952		24c. NAME OF CEMETERY OR CREMATORY BISMARK MO		24d. LOCATION (City, town, or county) (State) BISMARK MO	
DATE REC'D BY LOCAL REG. Aug 2 52		REGISTRAR'S SIGNATURE Elba J. White		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. H. COZMAN FARMINGTON MO			

(Licensed Embalmer's Statement on Reverse Side)

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

1100

RECEIVED

AUG 11 1964

WASH. COUNTY HEALTH DEPT.

PH. NO. 85-2-333

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 Ch Cozjan

Licensed Embalmer No. 4084

P. O. Address Farmington, N.H.

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.