

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27023**

Glen E. Kent & Son
S. No. 500
V. 10-48
Green City, Mo. **48129**
FILED AUG 18 1952

REG. DIST. NO. **1** PRIMARY REG. DIST. NO. **3000** Registrar's No. **283**

1. PLACE OF DEATH a. COUNTY Addix 0013		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Addix 2013	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kirksville		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kirksville	
d. FULL NAME OF HOSPITAL OR INSTITUTION Landonlin Hospital & Clinic		d. STREET ADDRESS (If rural, give location) 1407 E Washington	
3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) Rodney c. (Last) Smith	4. DATE OF DEATH (Month) (Day) (Year) Aug 8, 1952		
5. SEX male	6. COLOR OR RACE w	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0	8. DATE OF BIRTH Aug 7, 1952
9. AGE (In years last birthday) 4	IF UNDER 1 YEAR Months 4	IF UNDER 12 HRS. Hours 4	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) +	10b. KIND OF BUSINESS OR INDUSTRY +	11. BIRTH PLACE (State or foreign country) Kirksville, Mo. 0	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Arlo Chester Smith	
13b. MOTHER'S MAIDEN NAME Ruby Inez Spray		14. NAME OF HUSBAND OR WIFE +	
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.	
17. INFORMANT'S SIGNATURE OR NAME Arlo Smith		ADDRESS KIRKSVILLE 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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary atelectasis		Aug 4-1952
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Prematurity		Aug 8-1952
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 7625	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) (Min.)	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 **Aug 4, 1952**, to **Aug 8, 1952** that I last saw the deceased alive on **Aug 8, 1952**, and that death occurred at **1:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Thibred Tuback, D.O.	23b. ADDRESS KIRKSVILLE, MO.	23c. DATE SIGNED Aug 9, 1952
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE AUG. 8, 1952	24c. NAME OF CEMETERY OR CREMATORY BAKER CEMETERY
24d. LOCATION (City, town, or county) (State) SULLIVAN COUNTY, MO.		
DATE REC'D BY LOCAL REG. 8-12-52	REGISTRAR'S SIGNATURE Kate Lambert 1-0	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Glen E. Kent & Son, Green City, Mo.

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

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 Karl R. Kent

Licensed Embalmer No. 4689

P. O. Address Green City, 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.