

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27614

FILED AUG 25 1952

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

BIRTH NO. _____		REG. DIST. NO. <u>107</u>		PRIMARY REG. DIST. NO. <u>3019</u>		Registrar's No. <u>94</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>DUNKLIN</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u>		c. LENGTH OF STAY (in this place) <u>2 days</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dunklin County Memorial Hosp</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Route Ave Holcomb, Mo.</u>			
d. STREET ADDRESS (If rural, give location) <u>Route Ave Holcomb, Mo.</u>				3. NAME OF DECEASED		4. DATE OF DEATH	
a. (First) <u>HARRY</u>		b. (Middle) _____		c. (Last) <u>Smith</u>		Month (Day) (Year) <u>7-26-52</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>Dec. 31, 1880</u>	
9. AGE (In years last birthday) <u>71</u>		10. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>		11. BIRTHPLACE (State or foreign country) <u>ILL.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>		11. BIRTHPLACE (State or foreign country) <u>ILL.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Smith</u>			13b. MOTHER'S MAIDEN NAME <u>Ida Hall</u>			14. NAME OF HUSBAND OR WIFE <u>Thresia Smith</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Thresia Smith - Route Ave Holcomb, Mo.</u>			
18. CAUSE OF DEATH		(MEDICAL CERTIFICATION)					INTERVAL BETWEEN ONSET AND DEATH
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>					<u>4 days</u>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES:					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <u>Hypertension - arteriosclerosis</u>					
		DUE TO (c) <u>diabetes</u>					
		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"/>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>260X</u>					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)			
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 <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> 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 <u>July 22, 1952</u> , to <u>July 26, 1952</u> , that I last saw the deceased alive on <u>July 26, 1952</u> and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Dress or title) <u>Chester R. Peck M.D.</u>				23b. ADDRESS <u>Kennett, Mo.</u>		23c. DATE SIGNED <u>July 27, 52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>July 27 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Meadows Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Wayne County, Mo.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>July 27 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Meadows Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Wayne County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8-2-52</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Black's Mortuary, Corns, Ark.</u>			
DATE REC'D BY LOCAL REG. <u>8-2-52</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Black's Mortuary, Corns, Ark.</u>			

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT .....8-7-52.....

COUNTY FILE NUMBER 852-206

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**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.

Signed.....  
Student Embalmer

Signed

*Roman J Setty Jr.*

Licensed Embalmer No. *5672*

P. O. Address *Corning A.K.*

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.