

FILED SEP 30 1952

STANDARD CERTIFICATE OF DEATH

State File No. 32304

BIRTH NO. _____		REG. DIST. NO. <u>210</u>		PRIMARY REG. DIST. NO. <u>4322</u>		Registrar's No. <u>57</u>		
1. PLACE OF DEATH a. COUNTY <u>Mercer</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Mercer</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Princeton</u>		c. LENGTH OF STAY (In this place) <u>12hrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ravanna</u> <u>0560</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Axtell Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Michael</u> b. (Middle) <u>Lee</u> c. (Last) <u>SMITH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 24 1952</u>					
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>Nov. 9 1948</u>		
9. AGE (In years last birthday) <u>3</u>		IF MORN: YEAR Months Days		IF MORN: HOUR Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Princeton Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>J. H. Smith</u>			13b. MOTHER'S MAIDEN NAME <u>Missi Swank</u>			14. NAME OF HUSBAND OR WIFE <u>✓</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If so, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>J. H. Smith</u> ADDRESS <u>Ravanna Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal Obstruction</u>					<u>16hrs.</u>	
		ANTECEDENT CAUSES DUE TO (b) <u>peritonitis</u>					<u>10 hrs</u>	
		DUE TO (c) <u>appendicitis</u>					<u>8 mo.</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>5501</u>						
19a. DATE OF OPERATION <u>9-23-52</u>		19b. MAJOR FINDINGS OF OPERATION <u>intestinal obstruction, peritonitis, appendicitis</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)				
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 <u>9-23</u> , 19 <u>52</u> , to <u>9-24-52</u> , 19 <u> </u> , that I last saw the deceased alive on <u>9-21-52</u> , 19 <u> </u> , and that death occurred at <u>4:30 PM.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Byron A. Axtell</u> (Degree or title) <u>D.O.</u>				23b. ADDRESS <u>Princeton, Missouri</u>		23c. DATE SIGNED <u>9-24-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>9-26-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Shenandoah Cem.</u>		24d. LOCATION (City/Town, or county) (State) <u>Shenandoah Mo.</u>		
DATE REC'D BY LOCAL REG. <u>9-26-52</u>		REGISTRAR'S SIGNATURE <u>Paul Moore</u> <u>393-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Phyllis Hon</u>		ADDRESS <u>Galt Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

0560

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.....

D. H. Payne Jr.

Signed.....
Student Embalmer

Licensed Embalmer No. *3400*

P. O. Address.....

Galt

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.