

No. 300
10-48

OCT 20 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34537

BIRTH NO. REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 253

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| 1. PLACE OF DEATH a. COUNTY COLE | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pulaski | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City, MO | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Crocker, Mo Rt. 3 | |
| c. LENGTH OF STAY (in this place) 5 days | | d. STREET ADDRESS (If rural, give location) None | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) IRVIN b. (Middle) None c. (Last) Smay | | | 4. DATE OF DEATH (Month) (Day) (Year) Oct. 15/52 | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | |
| 8. DATE OF BIRTH June 15, 1890 | | 9. AGE (In years last birthday) 59 | | 10. IF UNDER 1 YEAR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Father | | 10b. KIND OF BUSINESS OR INDUSTRY None | | 11. BIRTHPLACE (State or foreign country) Aroua, Missouri | |
| 12. CITIZEN OF WHAT COUNTRY USA | | | | | |

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|---|--|--|--|--|--|
| 13a. FATHER'S NAME John Smay | | 13b. MOTHER'S MAIDEN NAME Emeline Wall | | 14. NAME OF HUSBAND OR WIFE Laura Smay | |
| 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. None | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Laura Smay Crocker, Mo Rt. 3 | |

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| 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction | | | INTERVAL BETWEEN ONSET AND DEATH 1 wk |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic coronary thrombosis DUE TO (c) Arteriosclerotic Heart Disease | | | 1 wk |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | Probably years |

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|--|--|--|--|---|---|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 4200 | | | 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) (Minute) | | 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 **10-11-1952** to **10-15-52** that I last saw the deceased alive on **10-15-1952** and that death occurred at **9:45 P.M.**, from the causes and on the date stated above.

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| 23a. SIGNATURE John D. Rouben MD | | 23b. ADDRESS 425 N. 1st | | 23c. DATE SIGNED 10-15-52 | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal & Burial | | 24b. DATE Oct 17/52 | | 24c. NAME OF CEMETERY OR CREMATORY Zion Cemetery | | 24d. LOCATION (City, town, or county) (State) Crocker, Mo. | |
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| DATE REC'D BY LOCAL REG. Oct 15-1952 | | REGISTRAR'S SIGNATURE R.P. Davis MD-MR | | 25. FUNERAL DIRECTOR'S SIGNATURE Billy W. Hedger | | ADDRESS Crocker, Mo. | |
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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 Clarence F. Moss

Licensed Embalmer No. 4886

P. O. Address Waynesville 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.