

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35574

State File No. _____

No. 300
10.48

FILED NOV 12 1952

BIRTH NO. _____		REG. DIST. NO. <u>383</u>		PRIMARY REG. DIST. NO. <u>5655</u>		Registrar's No. <u>19</u>			
1. PLACE OF DEATH a. COUNTY <u>Linn</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>					
b. CITY (If outside corporate limits, write RURAL and give town) <u>Mo. Linn Rural Life</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>Mo. Linn Missouri</u>		d. STREET ADDRESS (If rural, give location) <u>0559</u> <u>525 E. Center</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>				3. NAME OF DECEASED a. (First) <u>James</u> b. (Middle) <u>Ernest</u> c. (Last) <u>Smith</u>					
4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 4 - 1952</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>Feb. 27 - 1879</u>		9. AGE (In years last birthday) <u>73</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Auctioneer & Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____			
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Joe Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Williams</u>			
14. NAME OF HUSBAND OR WIFE <u>Marshall 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 <u>Marshall Smith</u> ADDRESS <u>Mo. Linn Mo.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Endocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>over exercise just prior to death</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 year, 6 mo.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>4214</u>			
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 checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____							
22. I hereby certify that I attended the deceased from <u>Jan 1, 1951, to Mar. 4, 1952</u> , that I last saw the deceased alive on <u>Mar 2, 1952</u> , at <u>2:30 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>P. R. Habinska M.D.</u>		23b. ADDRESS <u>Mo. Linn Mo.</u>		23c. DATE SIGNED <u>11-5-52</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-7-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Chapin Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>8 mi. E. of Mo. Linn Mo.</u>			
DATE REC'D BY LOCAL REG. <u>11-7-52</u>		REGISTRAR'S SIGNATURE <u>Cecil Handwerker</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. D. Torrett</u>		ADDRESS <u>Mo. Linn Mo.</u>			

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

550

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 me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed H. D. Fossett

Licensed Embalmer No. 2201

P. O. Address Mr. Fossett, Ma.

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.