No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38105

FILED NOV 17 1952

BIRTH NO. 22209 REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 127

272
1

1. PLACE OF DEATH
a. COUNTY: COOPER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOONVILLE
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 112 BELL ST

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: COOPER
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOONVILLE 0272
d. STREET ADDRESS (If rural, give location): 112-BELL-ST 0

3. NAME OF DECEASED (Type or Print)
a. (First): MARVIN
b. (Middle): DALE
c. (Last): SMITH

4. DATE OF DEATH (Month) (Day) (Year): NOV 13 52

5. SEX: MALE 2
6. COLOR OR RACE: NEGRO
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: June 3, 52
9. AGE (In years last birthday): If under 1 year: Months 5 Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): BOONVILLE MO 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: MARVIN-SMITH
13b. MOTHER'S MAIDEN NAME: LOLA-OVERTON
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: MARVIN-SMITH
ADDRESS: 112 BELL ST BOONVILLE

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Asphyxiation — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Under bed clothes
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
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19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
327
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Boonville Cooper Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov 13 1952 4 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Smothered under bed clothes

22. *I hereby certify that I attended the deceased from* _____, 19____ to _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 4 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: M L Duecaegen (Degree or title) MD
23b. ADDRESS: Carrow, Boonville Mo
23c. DATE SIGNED: 11/14/52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: Nov 14-52
24c. NAME OF CEMETERY OR CREMATORY: SPEED CEMETERY
24d. LOCATION (City, town, or county) (State): SPEED MO

DATE REC'D BY LOCAL REG.: 11-14-52
REGISTRAR'S SIGNATURE: D. Hoozer 381-0
25. FUNERAL DIRECTOR'S SIGNATURE: Stuart P. Parker
ADDRESS: Columbia Mo

(Licensed Embalmer's Statement on Reverse Side)

Columbia.

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 Stuart D. Parker

Licensed Embalmer No. 2900

P. O. Address Columbia 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.