

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42892**

No. 300
10-48

REC'D JAN 5 1953

90
1

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

BIRTH NO. _____ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 5805 Registrar's No. 64

1. PLACE OF DEATH a. COUNTY <u>Monroe</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Monroe</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural JEFFERSON TOWNSHIP</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural JEFFERSON TOWNSHIP</u>	
c. LENGTH OF STAY (in this place) <u>83 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>STOUTSVILLE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>STOUTSVILLE</u>		e. STREET ADDRESS <u>STOUTSVILLE</u>	
3. NAME OF DECEASED a. (First) <u>ENOCH</u> b. (Middle) <u>ALEXANDER</u> c. (Last) <u>SMITH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DECEMBER 31 1952</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>JANUARY 9th 1869</u>
9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>20</u>	IF UNDER 1 Mth. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER (RET)</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Monroe County Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>WILLIAM SMITH</u>	13b. MOTHER'S MAIDEN NAME <u>VIRGINIA LORENON</u>	14. NAME OF HUSBAND OR WIFE <u>EMMA L 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>Mrs Edward Lorenon</u> ADDRESS <u>Stoutsville Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Apoplexy with Hemiplegia (left side)</u>			INTERVAL BETWEEN ONSET AND DEATH <u>20 Days</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pernicious Anemia</u>			
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION _____		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, (See bidg., etc.)) _____	21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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>Feb. 1947</u> , to <u>Dec. 31, 1952</u> , that I last saw the deceased alive on <u>Dec. 20, 1952</u> , and that death occurred at <u>4:40 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>F. A. Barnett</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Paris, Mo</u>	23c. DATE SIGNED <u>1-2-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>1-2-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>STOUTSVILLE Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>STOUTSVILLE Missouri</u>
DATE REC'D BY LOCAL REG. <u>1-2-53</u>	REGISTRAR'S SIGNATURE <u>F. A. Barnett, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>WILSON & SON</u> ADDRESS <u>Monroe City, Mo.</u>	

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 Leslie R. Wilson

Licensed Embalmer No. 3014

P. O. Address Yonkers City, N.Y.

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.