

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43178

FILED DEC 22 1952

BIRTH NO. REG. DIST. NO. 300 PRIMARY REG. DIST. NO. 4449 Registrar's No. 24

900
1

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

1. PLACE OF DEATH a. COUNTY Reynolds		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE mo. b. COUNTY Reynolds	
b. CITY (If outside corporate limits, write RURAL and give township) Ellington	c. LENGTH OF STAY (in this place) Life	c. CITY (If outside corporate limits, write RURAL and give township) Ellington 09 2 13	
d. FULL NAME OF HOSPITAL OR INSTITUTION Own home		d. STREET ADDRESS (If rural, give location) 1	

3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) Vetile c. (Last) Smith			4. DATE OF DEATH (Month) (Day) (Year) Dec 4 1952		
5. SEX m	6. COLOR OR RACE w	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH April 21, 1883	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months 7 Days 13
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Reynolds Co. mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Jesse M. Smith	13b. MOTHER'S MAIDEN NAME Mary Reed	14. NAME OF HUSBAND OR WIFE Etta Smith
-----------------------------------	-------------------------------------	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. unknown	17. INFORMANT'S SIGNATURE OR NAME Raymond Smith	ADDRESS Ellington mo
--	---------------------------------	---	----------------------

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) Respiratory paralysis		INTERVAL BETWEEN ONSET AND DEATH 1 day
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Progressive Muscular Atrophy 2 yrs		
	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	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, office bldg., 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 type="checkbox"/>	21f. HOW DID INJURY OCCUR?
---	--	----------------------------

22. I hereby certify that I attended the deceased from 7-11-1952, to 8-24-1952, that I last saw the deceased alive on 8-24-1952, and that death occurred at 3560 m., from the causes and on the date stated above.

23a. SIGNATURE John H. Kennedy M.D.C.M. (Degree or title)	23b. ADDRESS 3720 Washington	23c. DATE SIGNED 12-15-52
---	------------------------------	---------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec 7, 1952	24c. NAME OF CEMETERY OR CREMATORY Smith's Cemetery	24d. LOCATION (City, town, or county) (State) Pine Valley Ellington mo
--	-----------------------	---	--

DATE REC'D BY LOCAL REG. 12/18/52	REGISTRAR'S SIGNATURE Essie Evans. 276	25. FUNERAL DIRECTOR'S SIGNATURE Seaton Pruitt VanBuren	ADDRESS
-----------------------------------	--	---	---------

(Licensed Embalmer's Statement on Reverse Side)

APR 14 1954

APR 21 1953

MAY 10 1954

APR 14 1954

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 Seaton Bewitt

Licensed Embalmer No. 2287

P. O. Address Van Buren m

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.