

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **7158**

FILED FEB 25 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **282** PRIMARY REG. DIST. NO. **5982** Registrar's No. **18**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Polk</b> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Pleasant Hope</b> c. LENGTH OF STAY (In this place) <b>20 Yrs.</b> d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>3 Mi. S.E. of Hope</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>Polk</b> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Pleasant Hope</b> d. STREET ADDRESS (If rural, give location) <b>Pleasant</b>	
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<b>3. NAME OF DECEASED</b> (Type or Print) <b>David Monroe</b>	a. (First) <b>David</b> b. (Middle) <b>Monroe</b> c. (Last) <b>Smith.</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Jan. 10, 1953.</b>
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<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Married.</b>	<b>8. DATE OF BIRTH</b> <b>May. 11, 1871.</b>	<b>9. AGE</b> (In years last birthday) <b>81</b>	IF UNDER 1 YEAR <b>7</b> MONTHS IF UNDER 24 HRS. <b>30</b> HOURS
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Farmer.</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Farming.</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Tenn.</b>
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<b>13a. FATHER'S NAME</b> <b>John Smith.</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Porthena E. Neugent.</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Zava Smith.</b>
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<b>15. WAS DECEASED EVER IN U. S. ARMED FORCES?</b> (Yes, no or unknown) (If yes, give year or dates of service) <b>No.</b>	<b>16. SOCIAL SECURITY NO.</b> <b>None.</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>Mrs. Zava. Smith. Pleasant Hope, Mo.</b>
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<b>18. CAUSE OF DEATH</b> 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.	<p align="center"><b>MEDICAL CERTIFICATION</b></p> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Acute circulatory collapse</b>  <b>ANTECEDENT CAUSES</b> DUE TO (b) <b>Coronary thrombosis</b> DUE TO (c) <b>Arteriosclerosis</b>  <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>None.</b>	<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>2 min.</b>  <b>Unknown</b>  <b>Unknown</b>
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<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from Dec. 1, 1949, to Jan. 10, 1953, that I last saw the deceased alive on Jan. 10, 1953, and that death occurred at 2:50 P.M., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <i>Homer B. Agnew D.O.</i> (Degree or title)	<b>23b. ADDRESS</b> <b>Pleasant Hope, Mo.</b>	<b>23c. DATE SIGNED</b> <b>Jan. 12, 53</b>
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<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial.</b>	<b>24b. DATE</b> <b>Jan. 12, 1953.</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> LOCATION (City, town, or county) (State) <b>Pleasant Hope Cemetery. Pleasant Hope, Mo.</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>Feb. 18, 1953</b>	<b>REGISTRAR'S SIGNATURE</b> <b>258-1</b> <i>Ralph Gardner</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <i>W. L. ...</i> <b>Pleasant Hope</b>
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(Licensed Embalmer's Statement on Reverse Side)

5. No. 300  
IV. 10-48

0840  
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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 Edward R. Erwin

Licensed Embalmer No. 30921

P. O. Address Belmar, N.J.

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.