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. 8515

FILED MAR 10 1953

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 40

1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nevada
c. LENGTH OF STAY (In this place): 5½ yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sunderwirth Nursing Home, 322 N. Cedar.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Barton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lamar 0061
d. STREET ADDRESS (If rural, give location): 1

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

4. DATE OF DEATH (Month) (Day) (Year): Feb 28 1953

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 0
8. DATE OF BIRTH: Mar 26 1900
9. AGE (In years last birthday): 52 — If under 1 year: Months 11, Days 2 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Invalid
10b. KIND OF BUSINESS OR INDUSTRY: xxx
11. BIRTHPLACE (State or foreign country): Mystic, Iowa 1
12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME: John Smith
13b. MOTHER'S MAIDEN NAME: Elizabeth Helen Zyfczok
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes 6-30-20 to 6-29-21
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs. Julia Schultz, Galena, Kansas, R#1

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia — Interval between onset and death: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Creeping Paralysis — 8 yrs
DUE TO (c) Arthritis Bedfast — 8 yrs

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 490X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 26, 1953, *to* Feb 28, 1953, *that I last saw the deceased alive on* Feb 28, 1953, *and that death occurred at* 7100a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C C Kratz DOV
23b. ADDRESS: Nevada Mo
23c. DATE SIGNED: 3/2/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar 3 1953
24c. NAME OF CEMETERY OR CREMATORY: St. Marys Cemetery
24d. LOCATION (City, town, or county) (State): Lamar, Missouri

DATE REC'D BY LOCAL REG.: 3-7-1953
REGISTRAR'S SIGNATURE: Anna E. Ferry 451-0
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Konantz Funeral Home, Lamar, Missouri
Carlyle Konantz

(Licensed Embalmer's Statement on Reverse Side)

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 Earl H. Kennamty

Licensed Embalmer No. 2247

P. O. Address Lamar, Missouri

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.