

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **8903**

FILED MAR 16 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 320

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Mercer</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Joseph</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Princeton</b>	
c. LENGTH OF STAY (in this place) <b>32y-1m-19d</b>		d. STREET ADDRESS (If rural, give location) <b>1650</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>State Hospital #2</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>EARL</b>		b. (Middle)	
c. (Last) <b>SMITH</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>March 11, 1953</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>? ? 1888</b>
9. AGE (In years last birthday) <b>65</b>		10. UNDER 1 YEAR (Months) (Days) (Hours) (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Princeton, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	
14. NAME OF HUSBAND OR WIFE <b>none</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	
16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Monroe Smith, Princeton, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>sudden</b>	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <b>Arterio-sclerosis</b>	
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS. <b>Psychotic</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>331X</b>	
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 <u>Sept 6, 1952</u> , to <u>Mar 11, 1953</u> , that I last saw the deceased alive on <u>Mar 11, 1953</u> and that death occurred at <u>5:00A m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <b>J. H. Morrow</b>		23b. ADDRESS <b>State Hospital No. 2, St. Joseph, Mo.</b>	
23c. DATE SIGNED <b>3-11-1953</b>		23d. NAME OF CEMETERY OR CREMATORY <b>Princeton</b>	
23e. LOCATION (City, town, or county) (State) <b>Princeton Mo</b>		23f. DATE REC'D BY LOCAL REG. <b>March 13, 1953</b>	
23g. REGISTRAR'S SIGNATURE <b>J. P. Balmain</b>		23h. FUNERAL DIRECTOR'S SIGNATURE <b>Wesley Miller</b>	
23i. ADDRESS <b>Princeton, Mo</b>		23j. ADDRESS <b>Princeton, Mo</b>	

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

Reputy Registrar and 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 Gene Miller

Licensed Embalmer No. 4783

P. O. Address Princeton MN

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.