

No. 300  
10. 48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10612**

**MED MAR 20 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **FF 115**

1. PLACE OF DEATH a. COUNTY <b>Marion</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Marion</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hannibal</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hannibal</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>B13 Bird Street</b>		d. STREET ADDRESS (If rural, give location) <b>313 Bird Street</b>	

3. NAME OF DECEASED (Type or Print) <b>Francis Nathaniel Smith</b>			4. DATE OF DEATH <b>3-14-1953</b>		
5. SEX <b>Male</b>			6. COLOR OR RACE <b>White</b>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>			8. DATE OF BIRTH <b>10/20/1870</b>		
9. AGE (In years last birthday) <b>82</b>			10. MONTHS <b>4</b> DAYS <b>0</b> HOURS <b>0</b> MIN.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Mechanic</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Penn.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>Rubin Smith</b>	13b. MOTHER'S MAIDEN NAME <b>Sally Searfoss</b>	14. NAME OF HUSBAND OR WIFE <b>Gertrude</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Harold Smith</b>	ADDRESS <b>313 Bird St, Hannibal Mo.</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Senility, found dead</b> 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"/>
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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) <b>Hannibal Mo.</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **5:20** m., from the causes and on the date stated above.

23a. SIGNATURE <b>N.M. O'Donnell</b> (Degree or title) <b>3 coroner</b>	23b. ADDRESS <b>Hannibal Mo.</b>	23c. DATE SIGNED <b>3/16/53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>3/17/1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Northampton, Penn</b>	24d. LOCATION (City, town, or county) (State) _____
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DATE REC'D BY LOCAL REG. <b>3-16-53</b>	REGISTRAR'S SIGNATURE <b>Dr. Em Lucke</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>N.M. O'Donnell</b>	ADDRESS <b>Hannibal Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED MAR 28 1953  
MARION O. HEALTH DEPT.  
DATE FILED MAR 28 1953

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 W. M. Akkerson

Licensed Embalmer No. 3884

P. O. Address Wannabell

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.