

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13965

State File No. _____

No. 300
10-48

FILED MAY 11 1953

BIRTH NO. _____ REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 4225 Registrar's No. 28

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

1. PLACE OF DEATH a. COUNTY <u>Holt</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Holt</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Oregon</u>		c. LENGTH OF STAY (in this place) <u>25 yrs.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home Oregon, Missouri</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Oregon</u>	
		d. STREET ADDRESS (If rural, give location) <u>No Street Address</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Edgar</u> b. (Middle) <u>Law</u> c. (Last) <u>Smith</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 5 1953</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>August 11 1892</u>	9. AGE (in years last birthday) <u>60</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Live stock Dealer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Live Stock</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Bigelow Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>James Smith</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah E. Roland</u>	14. NAME OF HUSBAND OR WIFE <u>Anna M. Smith</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Anna M. Smith</u>	ADDRESS <u>Oregon, Missouri</u>
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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 <u>4 1/2 hrs.</u> <u>4 hrs.</u> <u>years</u> <u>unknown</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>myocardial Emboli</u> DUE TO (c) <u>long standing Cardiac Dilatation</u> <u>Carcinoma (Basal Cell)</u> <u>Carcinoma of Liver</u>		
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 <u>4343</u>	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)
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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 July 1, 1953, to May 5, 1953, that I last saw the deceased alive on July 5, 1953, and that death occurred at 12 noon, from the causes and on the date stated above.

23a. SIGNATURE <u>Isaac A. Sweeney M.D.</u> (Degree or title)	23b. ADDRESS <u>Oregon, Mo.</u>	23c. DATE SIGNED <u>5-6-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 7 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oregon</u>	24d. LOCATION (City, town, or county) (State) <u>Oregon Missouri</u>
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DATE REC'D BY LOCAL REG. <u>5-7-53</u>	REGISTRAR'S SIGNATURE <u>James Crawford</u> 469	25. FUNERAL DIRECTOR'S SIGNATURE <u>James Crawford</u>	ADDRESS <u>Thousand City, Mo.</u>
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(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 James H Crawford

Licensed Embalmer No. 4796

P. O. Address Mound City, Mo.

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.