

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15241**

FILED APR 22 1953

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 5938 Registrar's No. 82

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Phelps	
b. CITY OR TOWN Rural-Arlington	c. LENGTH OF STAY (in this place) 12 years	c. CITY OR TOWN Rural-Arlington	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Route 2 Rolla		e. STREET ADDRESS (If rural, give location) Route 2 Rolla	

3. NAME OF DECEASED (Type or Print) JOHN	a. (First)	b. (Middle) CYRUS	c. (Last) SMITH	4. DATE OF DEATH April 12, 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 24, 1907	9. AGE (In years last birthday) 45	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auto Assembly	10b. KIND OF BUSINESS OR INDUSTRY St. Louis Chevrolet	11. BIRTHPLACE (City and State or Foreign Country) Phelps County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME J. Frank Smith	13b. MOTHER'S MAIDEN NAME Ella Richard	14. NAME OF HUSBAND OR WIFE Frances
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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) No	16. SOCIAL SECURITY NO. 492-09-4925	17. INFORMANT'S SIGNATURE OR NAME Frances Smith	ADDRESS Rt. 2 Rolla
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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 about 15 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) multiple sclerosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (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 345x	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) m.	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 East 19 years, 19____, that I last saw the deceased alive on 4-7, 1953, and that death occurred at 5:20 P m., from the causes and on the date stated above.

23a. SIGNATURE E. E. Feind m.d.	(Degree or title)	23b. ADDRESS Rolla mo.	23c. DATE SIGNED 4-16-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Apr. 15, 1953	24c. NAME OF CEMETERY OR CREMATORY Roach Cemetery	24d. LOCATION (City, town, or county) (State) Near, Rolla Phelps Mo.
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DATE REC'D BY LOCAL REG. Apr. 16, 1953	REGISTRAR'S SIGNATURE Nadine L. Stole	25. FUNERAL DIRECTOR'S SIGNATURE Nulson Son Funeral Home	ADDRESS Rolla Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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County File Number
Date Filed 4-21-53

APR 20 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
Signature of Student Embalmer

Signed *S. B. M. [Signature]*

Licensed Embalmer No. 339

P. O. Address *Roller*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.