

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16925

BIRTH NO. _____		REG. DIST. NO. <u>1</u>	PRIMARY REG. DIST. NO. <u>3000</u>	Registrar's No. <u>171</u>
1. PLACE OF DEATH a. COUNTY <u>Adair</u> <u>00130</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Adair</u> <u>0010</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u>		c. LENGTH OF STAY in this place <u>2 WKS</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KIRKSVILLE <u>Novinger</u> <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Laughlin Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>R. F. D.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rastus</u>		b. (Middle) _____	c. (Last) <u>Smith</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 17, 1953</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Apr. 21, 1908</u>	9. AGE (In years, last birthday) <u>45</u> If UNDER 1 YEAR Months _____ Days _____ If UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Sullivan County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>AA</u>
13a. FATHER'S NAME <u>Rock Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Kate Hoskins</u>	14. NAME OF HUSBAND OR WIFE <u>Catherine Smith</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, specify or unknown) <u>No</u> (If yes, give year or dates of service) <u>X</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Catherine Smith, Novinger, Mo.</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lymphoblastoma</u> 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.		INTERVAL BETWEEN ONSET AND DEATH <u>2 + yrs</u>
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2021</u>
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>April 1952</u> , to <u>May 17, 1953</u> , that I last saw the deceased alive on <u>May 17, 1953</u> , and that death occurred at <u>7:30 a.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>W. Stuckey D.O. 2</u> (Degree or title)		23b. ADDRESS <u>Kirksville, Mo.</u>		23c. DATE SIGNED <u>5-18-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5/19/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pinkerton</u>	24d. LOCATION (City, town, or county) (State) <u>Adair County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5-18-53</u>	REGISTRAR'S SIGNATURE <u>Kate Lambert 1-0</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Paul M. Raley Kirksville, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Richard H. Bandall

Signed.....

Student Embalmer

Licensed Embalmer No.....

4866

P. O. Address.....

Fairsville, 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.