

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22235**
7-53
Registrar's No. **7-53**

FILED JUL 7 - 1953

BIRTH NO. _____ REG. DIST. NO. **213** PRIMARY REG. DIST. NO. **5781**

1. PLACE OF DEATH a. COUNTY MILLER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY MILLER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - Glaze	c. LENGTH OF STAY (In this place) 7 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL Glaze 0600	
d. FULL NAME OF HOSPITAL OR INSTITUTION Fish-HAVEN-LAKE OZARK		d. STREET ADDRESS (If rural, give location) LAKE - OZARK -	

3. NAME OF DECEASED (Type or Print)	a. (First) FRANCIS -	b. (Middle) ALAN -	c. (Last) SMITH	4. DATE OF DEATH (Month) (Day) (Year) MAY - 26 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 29, 1882	9. AGE (In years last birthday) 70	if UNDER 1 YEAR Days 11	if UNDER 24 HRS. Hours 3	Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY FARMER	11. BIRTHPLACE (State or foreign country) Ludlow - Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME FRANK - Smith	13b. MOTHER'S MAIDEN NAME Myrtle Stone	14. NAME OF HUSBAND OR WIFE Myrtle - ELLEN - Smith
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME EARNest - Smith -	ADDRESS LAKE OZARK
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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, ashenia, 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) Chronic myocarditis and myocardial degeneration		
	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 NONE	19b. MAJOR FINDINGS OF OPERATION NONE	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) NON	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) NONE	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) NONE
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) NONE	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? NONE
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22. I hereby certify that I attended the deceased from **August 1951**, to **26 May 1953**, that I last saw the deceased alive on **5-19-1953**, and that death occurred at **5:45 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Carl J. Buehler M.D.	23b. ADDRESS ELDON MO	23c. DATE SIGNED 27 MAY 53
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 29 MAY 53	24c. NAME OF CEMETERY OR CREMATORY WOODLAWN	24d. LOCATION (City, town, or county) (State) KANSAS - City - KANSAS
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DATE REC'D BY LOCAL REG. June 10, 1953	REGISTRAR'S SIGNATURE Mrs. E. R. Hawkins	25. FUNERAL DIRECTOR'S SIGNATURE Keith Mays	ADDRESS ELDON MO
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(Licensed Embalmer's Statement on Reverse Side)

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

60

RECEIVED

JUN 29 1953

MILLER COUNTY HEALTH
DEPARTMENT

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.