

STANDARD CERTIFICATE OF DEATH

State File No. **23687**

FILED JUN 30 1953

BIRTH NO. _____ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **6225** Registrar's No. **109**

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Christian	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wash Township		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ozark Mo. 0220	
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hosp 3 Nevada Mo		d. STREET ADDRESS (If rural, give location) unknown	

3. NAME OF DECEASED a. (First) JAMES (Type or Print)		b. (Middle) -		c. (Last) SMITH		4. DATE OF DEATH (Month) (Day) (Year) June 18, 1953	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single		8. DATE OF BIRTH Jan 4, 1894	
9. AGE (In years, last birthday) 59		IF UNDER 1 YEAR Months 5 Days 14		IF UNDER 24 HRS. Hours - Min. -		11. BIRTHPLACE (City and State or Foreign Country) Christian County Mo	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none		12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME Ben Smith		13b. MOTHER'S MAIDEN NAME Emma Forgen		14. NAME OF HUSBAND OR WIFE none	
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. none		17. INFORMANT'S SIGNATURE OR NAME Records State Hosp 3 Nevada Mo	
				ADDRESS State Hosp 3 Nevada Mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis						INTERVAL BETWEEN ONSET AND DEATH about 1 yr	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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.		Dementia Praecox							

19a. DATE OF OPERATION no		19b. MAJOR FINDINGS OF OPERATION none				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) 002X		(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 Oct 1939, to June 18, 1953, that I last saw the deceased alive on June 17, 1953, and that death occurred at 12:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE Paul L. Barone, M.D.		23b. ADDRESS State Hosp 3 Nevada Mo		23c. DATE SIGNED June 18/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/18/53		24c. NAME OF CEMETERY OR CREMATORY Laurel Cemetery Nevada Mo	
24d. LOCATION (City, town, or county) (State) Nevada Mo		DATE REC'D BY LOCAL REG. 6-26-53		REGISTRAR'S SIGNATURE Anna E. Ferry	
25. EMERALD DIRECTOR'S SIGNATURE Quincy Lee		ADDRESS Quincy Lee Home Nevada Mo			

(Licensed Embalmer's Statement on Reverse Side)

No. 300
 10.48
 1802
 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 rust

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Mark E. Eichelberger

Licensed Embalmer No.

29656

P. O. Address

DeWald 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.