V.S. No. 300
Rev. 10-48

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

1080 1

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27693 State File No.

FILED SEP 14 1953

BIRTH NO. _____ REG. DIST. NO. 30 PRIMARY REG. DIST. NO. 4038 Registrar's No. 40

1. PLACE OF DEATH
a. COUNTY Benton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Warsaw
c. LENGTH OF STAY (in this place) months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) none

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Calif b. COUNTY San Bernardino
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) San Bernardino
d. STREET ADDRESS (If rural, give location) 144 East 4th St. 8040

3. NAME OF DECEASED (Type or Print) a. (First) LEVI b. (Middle) Henry c. (Last) Smith

4. DATE OF DEATH (Month) Sept (Day) 10 (Year) 1953

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced

8. DATE OF BIRTH June 28, 1894

9. AGE (In years last birthday) 59 If UNDER 1 YEAR Months 2 Days 12 If UNDER 1 HR. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter

10b. KIND OF BUSINESS OR INDUSTRY Painter

11. BIRTHPLACE (State or foreign country) Fristoe Mo

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Jackson Smith

13b. MOTHER'S MAIDEN NAME Elizabeth Breece

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO

16. SOCIAL SECURITY NO. 555-14-6815

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Lonnie Holmes Warsaw, Mo

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastric Hemmorhage — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Gastric ulcers — 1 yr
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 5400

20. AUTOPSY? YES ☐ NO ☒

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 28, 1953, *to* Sept 10, 1953, *that I last saw the deceased alive on* Sept 10, 1953, *and that death occurred at* 10:00 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE Gosselin DO (Degree or title) **23b. ADDRESS** Warsaw, Mo **23c. DATE SIGNED** 9-11-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial **24b. DATE** Sept 13, 1953 **24c. NAME OF CEMETERY OR CREMATORY** Windsor Cemetery **24d. LOCATION** (City, town, or county) Henry Co Windsor (State) Mo

DATE REC'D BY LOCAL REG. Sept. 12-1953 **REGISTRAR'S SIGNATURE** Jas. A. Logan **25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS** John F Olsen Warsaw Mo

(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 John F. Reser
Licensed Embalmer No. 4098
P. O. Address Warsaw

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.