

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29186

State File No.

FILED AUG 25 1953

BIRTH NO. _____ REG. DIST. NO. 171 PRIMARY REG. DIST. NO. 4268 Registrar's No.

540
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mayview</u>		c. LENGTH OF STAY (In this place) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mayview</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mayview</u>	
		d. STREET ADDRESS (If rural, give location) <u>0540</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>Upton</u>	b. (Middle) <u>Bell</u>	c. (Last) <u>Smith</u>	<u>Aug. 8 1953</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 16, 1877</u>		9. AGE (In years last birthday) Months Days Hours Min. <u>75 9 23</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Carpenter</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>William L. Smith</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Young</u>	14. NAME OF HUSBAND OR WIFE <u>Virginia B. Smith</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War I</u>		16. SOCIAL SECURITY NO. <u>None</u>
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Virginia B. Smith</u>		ADDRESS <u>Mayview</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchio pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>anoxiation dehydration</u>			<u>4 months</u>
	DUE TO (c) <u>Psychotic Depression</u>			<u>4 months</u>
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 <u>309X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) (Min.)	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 March 10, 1953, to Aug. 7, 1953 that I last saw the deceased alive on Aug. 7, 1953, and that death occurred at 5:38 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Hubert E. Fulcher M.D.</u>	(Degree or title)	23b. ADDRESS <u>Higginville Mo.</u>	23c. DATE SIGNED <u>Aug 8, 1953</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 10, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Higginville Mo.</u>
DATE REC'D BY LOCAL REG <u>Aug. 9, 1953</u>	REGISTRAR'S SIGNATURE <u>Emma Davidson</u>	4530	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hubert E. Fulcher</u>
ADDRESS <u>Higginville</u>			

SEP 10 1953

SEP 4 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
Student Embalmer

Signed *Robert A. Reekhof*
Licensed Embalmer No. *14284*

P. O. Address *Figginsville, 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.