

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **29665**

FILED AUG 25 1953 REG. DIST. NO. **296** PRIMARY REG. DIST. NO. **6017** Registrar's No. **21**

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ray 290	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural CAMDEN TWP.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - CAMDEN TWP.	
c. LENGTH OF STAY (In this place) 20 years		d. STREET ADDRESS (If rural, give location) 5 miles S.W. Richmond, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5 miles S.W. Richmond, Mo.		e. STREET ADDRESS (If rural, give location) 5 miles S.W. Richmond, Mo.	
3. NAME OF DECEASED (Type or Print) a. (First) Hiram b. (Middle) M c. (Last) Smithev			4. DATE OF DEATH (Month) (Day) (Year) August 11, 1953
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 24, 1893
9. AGE (In years last birthday) 60		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer	11. BIRTHPLACE (City and State or Foreign Country) Ray County, Missouri 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer		10b. KIND OF BUSINESS OR INDUSTRY -----	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Joe Smithev		13b. MOTHER'S MAIDEN NAME Nettie Brown	14. NAME OF HUSBAND OR WIFE Hazel (Dugan) Smithev
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 Mrs. Hiram Smithev, Richmond, Mo.
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.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intracranial hemorrhage, cerebral.		INTERVAL BETWEEN ONSET AND DEATH 40 minutes	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic cardiovascular disease 10 years			
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		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) 4221	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	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>3/16</u>, 19<u>51</u>, to <u>8/11</u>, 19<u>53</u>, that I last saw the deceased alive on <u>4/30</u>, 19<u>53</u>, and that death occurred at <u>2:15</u> a.m., from the causes and on the date stated above.			
23a. SIGNATURE (Deceased or title) M. L. Maesterson, M.D.		23b. ADDRESS Richmond, Mo.	23c. DATE SIGNED 8/14/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-13-1953	24c. NAME OF CEMETERY OR CREMATORY Craven Cemetery	24d. LOCATION (City, town, or county) (State) Ray County, Missouri
DATE REC'D BY LOCAL REG. 8-17-53	REGISTRAR'S SIGNATURE Helen J. Larkin 272	25. FUNERAL DIRECTOR'S SIGNATURE Thomas J. Carter Richmond, Mo.	

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Thomas J. Carter

Licensed Embalmer No. 4474

P. O. Address Richmond 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.