

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30835**  
Registrar's No. **129**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **3076**

1. PLACE OF DEATH a. COUNTY <b>Vernon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Vernon</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Nevada</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Nevada Rural, Rt #1 Eldorado Springs</b>	
c. LENGTH OF STAY (In this place) <b>40 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>Rural-Rt #1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Nevada City Hospital</b>			

3. NAME OF DECEASED (Type or Print) <b>Blayd</b> a. (First) <b>Blayd</b> b. (Middle) <b>---</b> c. (Last) <b>Smith</b>			4. DATE OF DEATH <b>Aug 31 1953</b> (Month) (Day) (Year)	
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>May 2nd 1875</b>	9. AGE (In years last birthday) <b>78</b>	IF UNDER 1 YEAR Months <b>3</b> Days <b>29</b>	IF UNDER 24 HRS. Hours <b>---</b> Min. <b>---</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis Co. Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Mason Smith</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Anna B. Smith</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Anna B. Smith</b> ADDRESS <b>Rt #1 Eldorado Springs, Mo.</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>unknown</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral thrombosis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arteriosclerotic Heart disease unknown</b> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Bronchopneumonia - terminal</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Aug 30, 1953**, to **Aug 31, 1953**, that I last saw the deceased alive on **Aug 30, 1953**, and that death occurred at **12:05 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>James Pascoe M.D.</b>	23b. ADDRESS <b>Nevada Mo.</b>	23c. DATE SIGNED <b>Sept 11, 1953</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>9-1-1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Newton Burial Park</b>	24d. LOCATION (City, town, or county) (State) <b>Nevada Missouri</b>
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DATE REC'D BY LOCAL REG. <b>9-3-53</b>	REGISTRAR'S SIGNATURE <b>Anna E. Ferry</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Allen V. Kays</b> ADDRESS <b>Nevada Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

300  
48

820

FILED SEP 19 - 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 Allen V. Hays

Licensed Embalmer No. 1968

P. O. Address Nevada, 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.