

No. 300  
10. 48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31147

State File No. ....

XC9651539  
RN4911  
FILED OCT 1 1953

BIRTH NO. .... REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 400

1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY TEXAS	
b. CITY OR TOWN POPLAR BLUFF		c. CITY OR TOWN BUCYRUS	
c. LENGTH OF STAY (in this place) 35 DAYS		d. STREET ADDRESS (If rural, give location) 1070 /	
d. FULL NAME OF HOSPITAL OR INSTITUTION VA HOSPITAL			

3. NAME OF DECEASED (Type or Print) OSCAR L. SMITH			4. DATE OF DEATH SEPTEMBER 22, 1953		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JANUARY 4, 1893		9. AGE (In years last birthday) 60
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STEAM FITTER		10b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION	11. BIRTHPLACE (State or foreign country) HOUSTON, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME CHARLEY SMITH		13b. MOTHER'S MAIDEN NAME ANN MORGAN		14. NAME OF HUSBAND OR WIFE EMMA A SMITH	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW I		16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS		

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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) HYPERTENSIVE CARDIOVASCULAR DISEASE.			INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbidity 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.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 443x			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) m.		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 8-18-53, 19\_\_, to 9-22-53, 19\_\_, and that death occurred at 6:45p. m., from the causes and on the date stated above.

23a. SIGNATURE OF THE DAY EMILIO M. CANLAS, M.D. OFFICER OF THE DAY		23b. ADDRESS VA HOSPITAL POPLAR BLUFF, MO.		23c. DATE SIGNED 9-22-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-24-53	24c. NAME OF CEMETERY OR CREMATORY Dykes Cem.	24d. LOCATION (City, town, or county) (State) Texas Co. Mo.	
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DATE REC'D BY LOCAL REG. 9/27/53	REGISTRAR'S SIGNATURE R. H. Mintree	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Elliott Funeral Home Houston Mo.		
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED  
SEP 28 1953  
BUTLER CO. HEALTH CENTER  
FILE No. \_\_\_\_\_

99  
1953

[APR 23 1954]

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 9-22-53

working under my personal supervision.

Student Embalmer No. ....

Signed Phil A. Leuchel

Signed.....  
Student Embalmer

Licensed Embalmer No. 2936

P. O. Address Faper Bluff, 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.