

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31179

State File No.

FILED OCT 14 1953

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 321

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| 1. PLACE OF BIRTH a. COUNTY <u>Callaway</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u> | |
| b. CITY (If outside of State limits, give RURAL and give township) <u>Fulton</u> | c. LENGTH OF STAY (If in this place) | c. CITY OR TOWN <u>Fulton</u> | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Callaway County Hosp.</u> | | e. STREET ADDRESS (If rural, give location) <u>22 1/2 E. Sixth</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) _____ c. (Last) <u>Smith</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 1-53</u> |
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| 5. SEX <u>Male</u> 6. COLOR OF FACE <u>Negro</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH <u>Mar. 22-58</u> | 9. AGE (In years last birthday) <u>94</u> 6 <u>7</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Mins. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>General labor</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u> | 11. BIRTHPLACE (City or State or Foreign Country) <u>Callaway Co. Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> |
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| 13a. FATHER'S NAME <u>News Bledsaw</u> | 13b. MOTHER'S MAIDEN NAME <u>N.K.</u> | 14. NAME OF HUSBAND OR WIFE <u>Victoria Smith, Fulton, Mo.</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, give No) <u>None</u> (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs. Cleo. Moore, Fulton, Mo.</u> |
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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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>3 Days</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho pneumonia</u> | | |
| | ANTECEDENT CAUSES Morbid 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. <u>Atherosclerosis, generalized</u> | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>491X</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <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) m. | 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 9-24, 1953, to 10-1, 1953, that I last saw the deceased alive on 10-1, 1953, and that death occurred at 3:45 m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Andrew S. Linn, M.D.</u> | 23b. ADDRESS <u>Fulton, Mo.</u> | 23c. DATE SIGNED <u>10-2-53</u> |
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| 24a. BURIAL, CREMATION, OR REMOVAL (Specify) | 24b. DATE <u>Oct. 3-53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>South Side</u> | 24d. LOCATION (City, town, or county) (State) <u>Fulton Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>Oct. 5, 1953</u> | REGISTRAR'S SIGNATURE <u>Martha Lawrence</u> <u>426-0</u> | 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Eli Bell Fulton Mo.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

7-2-16

1000 1000 1000

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..... Signature of Student Embalmer

Signed *Harry T. Bell*..... Licensed Embalmer No. 48

P. O. Address *.....*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.