.300
.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

86445

FILED DEC 4 - 1953

41812

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 178

1. PLACE OF DEATH
a. COUNTY: Scott
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sikeston, Mo.
c. LENGTH OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mo. Delta Community Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Scott 1003
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sikeston 0
d. STREET ADDRESS (If rural, give location): 1112 Osage St.

3. NAME OF DECEASED (Type or Print)
a. (First): Johnnie
b. (Middle): Lee
c. (Last): Smith, Jr.

4. DATE OF DEATH (Month) (Day) (Year): 11 19 1953

5. SEX: Male 2
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Baby 0
8. DATE OF BIRTH: 11-18-1953
9. AGE (In years last birthday): —
IF UNDER 1 YEAR: Months — Days 1
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 0
10b. KIND OF BUSINESS OR INDUSTRY: 0
11. BIRTHPLACE (State or foreign country): Sikeston, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Johnnie Lee Smith
13b. MOTHER'S MAIDEN NAME: Vera Mae Perry
14. NAME OF HUSBAND OR WIFE: 0

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): 0 (If yes, give war or dates of service): 0
16. SOCIAL SECURITY NO.: 0
17. INFORMANT'S SIGNATURE OR NAME: Vera Perry Smith
ADDRESS: Sikeston, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): atelectasis pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 24 hours

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 7620
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 18 Nov, 1953, *to* 19 Nov, 1953, *that I last saw the deceased alive on* 18 Nov, 1953, *and that death occurred at* 5:35 A: *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles C Kuder 0 M.D.
23b. ADDRESS: New Madrid Mo
23c. DATE SIGNED: 20 Nov 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-24-53
24c. NAME OF CEMETERY OR CREMATORY: Smith West End Court
24d. LOCATION (City, town, or county) (State): West of Sikeston, Mo.

DATE REC'D BY LOCAL REG.: 11-23-53
REGISTRAR'S SIGNATURE: Mrs Ella Hunter 429 0
25. FUNERAL DIRECTOR'S SIGNATURE: Fred J. Smith
ADDRESS: 1212 Maud St.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED NOV 30 1953
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 1153-253

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Fred J. Smith

Signed.....
Student Embalmer

Licensed Embalmer No. 4458

P. O. Address Silverton Ma

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.