

STANDARD CERTIFICATE OF DEATH

9172
State File No.

BIRTH FILED MAR 30 1954 REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, write RURAL and give town) Webb City			c. LENGTH OF STAY (in this place) 25 Yrs.			c. CITY (If outside corporate limits, write RURAL and give township) Webb City 0492	
d. FULL NAME OF HOSPITAL OR INSTITUTION 214 N. Tom St.				d. STREET ADDRESS (If rural, give location) 214 N. Tom St.			
3. NAME OF DECEASED (Type or Print) a. (First) Asa		b. (Middle) La Verne		c. (Last) Smith		4. DATE OF DEATH (Month) (Day) (Year) March 25, 1954	
5. SEX Male <input checked="" type="checkbox"/>		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 16, 1867	
9. AGE (In years last birthday) 86		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad Machinist		11. BIRTHPLACE (State or foreign country) Texas /		12. CITIZEN OF WHAT COUNTRY? USA	
10b. KIND OF BUSINESS OR INDUSTRY Railroad		13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Minnie Smith	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown). (If yes, give war or dates of service) Yes Spanish American		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Minnie Smith 214 N. Tom St. Webb City, 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <i>Chronic Parenchymatous Nephritis</i> INTERVAL BETWEEN ONSET AND DEATH II. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) III. 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) 591X		21f. HOW DID INJURY OCCUR?	
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"/>		22. I hereby certify that I attended the deceased from 3-24, 1954, to 3-25, 1954, that I last saw the deceased alive on 3-25, 1954, and that death occurred at 4:30P m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>P. B. Minson</i> D.O.2				23b. ADDRESS Webb City, Mo.		23c. DATE SIGNED 3-26-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-29-54		24c. NAME OF CEMETERY OR CREMATORY Osborne Memorial		24d. LOCATION (City, town, or county) (State) Joplin, Mo.	
DATE REC'D BY LOCAL REG. 3-27-54		REGISTRAR'S SIGNATURE <i>Mrs. Maddie Switzer</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Johnston-Arnce Simpson, Webb City, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAR 29 1955
Jasper County Health Office
County File Number 54-3-2
Date Filed MAR 29 1955

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 Jack C. Simpson

Licensed Embalmer No. 4647

P. O. Address Webb City, 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.