No. 300
10-48

FILED JUL 6 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18343

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 3015 Registrar's No. 36

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

0251
0

1. PLACE OF DEATH
a. COUNTY: CLINTON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CAMERON
c. LENGTH OF STAY (in this place): 10 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): COMMUNITY HOSP

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: CAMERON
b. COUNTY: CLINTON
c. CITY OR TOWN: CAMERON
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 804 S CHESTNUT 0251

3. NAME OF DECEASED (Type or Print)
a. (First): ROBERT
b. (Middle): ALFRED
c. (Last): SMITH

4. DATE OF DEATH (Month) (Day) (Year): June 16 1954

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: April 26 1889
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (City and State or Foreign Country): Washington Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Amos Smith
13b. MOTHER'S MAIDEN NAME: Amanda Stuart
14. NAME OF HUSBAND OR WIFE: Eva Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): W.W.I.
16. SOCIAL SECURITY NO.: 487-14-7405
17. INFORMANT'S SIGNATURE OR NAME: Eva Smith — ADDRESS: Cameron, 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): Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Bronchial Asthma
DUE TO (c): Pyelonephritis, Acute

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: 6 ooo
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* 1946 *19*__, *to* 1954 *19*__, *that I last saw the deceased alive on* June 15, 1954, *and that death occurred at* 4:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J D Kuner MD
23b. ADDRESS: Cameron Mo
23c. DATE SIGNED: 6-28 54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-18-54
24c. NAME OF CEMETERY OR CREMATORY: Osborn Cemetery
24d. LOCATION (City, town, or county) (State): Osborn MO

DATE REC'D BY LOCAL REG.: 6-26-54
REGISTRAR'S SIGNATURE: Winifred W. Moser 390-C
25. FUNERAL DIRECTOR'S SIGNATURE: R. F. Poland — ADDRESS: Cameron Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Robert F Poland

Licensed Embalmer No. 477

P. O. Address 222 [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.