

26936

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED AUG 16 1954

BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 5483 Registrar's No. 79

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u>	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR <u>Town Rural Bethany T.</u>		c. LENGTH OF STAY (In this place) <u>2 Yrs.</u>	
c. CITY (If outside corporate limits, write RURAL and give town(ship)) OR <u>Town Rural Huggins Tow nship</u>		d. STREET ADDRESS (If rural, give location) <u>2280</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Harrison Co. Home</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Charles</u>	b. (Middle) <u>Edward</u>	c. (Last) <u>Smith</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 11 1954</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug. 15, 1879</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>26</u>	IF UNDER 14 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Gen. Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Gentry County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
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13a. FATHER'S NAME <u>Wm. L. Smith</u>	13b. MOTHER'S MAIDEN NAME <u>Augusta Jacobs Smith</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Ash</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>not known</u>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME <u>Sherman Smith</u>	ADDRESS <u>St. Joseph, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Hypertension</u> 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 <u>331X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 1-7, 1954, to 8-10, 1954, that I last saw the deceased alive on 8-10, 1954 and that death occurred at 4:59 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>William M. Throgn</u>	23b. ADDRESS <u>1501 Bethany Mo</u>	23c. DATE SIGNED <u>2-11-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-13-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hugginville</u>	24d. LOCATION (City, town, or county) (State) <u>Gentry County, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>8/13/54</u>	REGISTRAR'S SIGNATURE <u>Zola Burris</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas. Brooks</u>	ADDRESS <u>Albany Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10. 48

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 me

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Clifford Brooks

Licensed Embalmer No. 3329

P. O. Address Albany, 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.