

FILED NOV 9 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44370

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 4244 Registrar's No. 152

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| 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 township) Carterville | | c. CITY (If outside corporate limits, write RURAL and give township) Carterville | |
| c. LENGTH OF STAY (In this place) 14 Yrs. | | d. STREET ADDRESS (If rural, give location) 300 N. Hatcher | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 300 N. Hatcher | | 0440 | |

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|---|---------------------------|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) Arthur b. (Middle) M. c. (Last) Smith | | 4. DATE OF DEATH (Month) (Day) (Year) Nov. 4, 1954 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Aug. 10, 1880 |
| 9. AGE (In years last birthday) 74 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer | 11. BIRTHPLACE (State or foreign country) Salem, Missouri |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY | 12. CITIZEN OF WHAT COUNTRY? USA |

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|--|--|---|
| 13a. FATHER'S NAME David Smith | 13b. MOTHER'S MAIDEN NAME Rhoda Vaughan | 14. NAME OF HUSBAND OR WIFE Maud Smith |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. 500-09-3613 | 17. INFORMANT'S SIGNATURE OR NAME Maud Smith, Carterville, Mo. |

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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, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 2 days |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple sclerosis | | |
| | 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. | | | |

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|---|--|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 345 X | 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) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 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 4-19, 1954, to 11-4, 1954, that I last saw the deceased alive on 11-2, 1954, and that death occurred at 1:40 AM, from the causes and on the date stated above.

| | | | |
|---|------------------------|--|---|
| 23a. SIGNATURE <i>M. D. Webb</i> | (Degree or title) M.D. | 23b. ADDRESS Webb City, Mo. | 23c. DATE SIGNED 11-5-54 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 11-6-54 | 24c. NAME OF CEMETERY OR CREMATORY Friends Cemetery | 24d. LOCATION (City, town, or county) (State) Purcell, Mo. |

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|-------------------------------------|---|------|--|---------------------------|
| DATE REC'D BY LOCAL REG. 11-6-54 | REGISTRAR'S SIGNATURE <i>Mrs. Madeline Surtz</i> | 4745 | 25. FUNERAL DIRECTOR'S SIGNATURE Johnston-Arnce-Simpson | ADDRESS Webb City, Mo. |
|-------------------------------------|---|------|--|---------------------------|

(Licensed Emballer's Statement on Reverse Side)

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

STATE OF MISSOURI
DEPARTMENT OF HEALTH
BUREAU OF PUBLIC HEALTH

MISSOURI - 8 - 1954

County of the State of Missouri
Date Filed NOV 8 1954

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.