

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **548**

BIRTH NO. **124** REG. DIST. NO. **68** PRIMARY REG. DIST. NO. **5266** Registrar's No. **2**

1. PLACE OF DEATH a. COUNTY Christian (1)		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo COUNTY Christian	
b. CITY (If outside corporate limits, write RURAL and give town or township) Rural, Fjnley		c. LENGTH OF STAY (in this place) 15 yrs	c. CITY OR TOWN Ozark, Mo
d. FULL NAME OF HOSPITAL OR INSTITUTION Ozark, Mo		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) Ozark Mo. R R 0220	

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Casper c. (Last) Smith			4. DATE OF DEATH (Month) (Day) (Year) Jan. I 1955		
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify by Widowed 2)	8. DATE OF BIRTH May 10, 1880	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Mo 0		12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME John Smith	13b. MOTHER'S MAIDEN NAME Pade Ferguson	14. NAME OF HUSBAND OR WIFE
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.	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs Ethel Stokes, Springfield 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Medullary Failure		Sudden
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Malignant hypertension + nephrosclerosis DUE TO (c) Atherosclerosis		2-3 years Unknown
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	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) (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 **February, 1953**, to **10/29, 1954**, that I last saw the deceased alive on **11/29, 1954**, and that death occurred at **442 X** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Warrant P. M. Cornick 903	23b. ADDRESS Ozark Mo	23c. DATE SIGNED 1/5/55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 4, 1955	24c. NAME OF CEMETERY OR CREMATORY Prospect
24d. LOCATION (City, town, or county) (State) Christian, Mo		

DATE REC'D BY LOCAL REG Feb 2-1955	REGISTRAR'S SIGNATURE Larilla Leonard 5170	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS T. B. Chaffin Ozark, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(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 embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *T. B. Chaffin*.....

Licensed Embalmer No. *219*

P. O. Address *Ozark*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.