

STANDARD CERTIFICATE OF DEATH

State File No. **1999**No. 300
10.48

BIRTH NO. 78		REG. DIST. NO. 274	PRIMARY REG. DIST. NO. 3052	Registrar's No. 36
1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		c. LENGTH OF STAY (In this place) 5 days	c. CITY OR TOWN Sedalia	In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 310 E. Johnson		e. STREET ADDRESS (If rural, give location) 310 E. Johnson		
3. NAME OF DECEASED (Type or Print) Harold Jerome Smallwood		a. (First) Harold	b. (Middle) Jerome	c. (Last) Smallwood
4. DATE OF DEATH (Month) (Day) (Year) Feb. 2 1955		5. SEX Male 6. COLOR OR RACE Negro		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Jan. 29, 1955		9. AGE (In years last birthday) 47 10. MONTHS 47 11. HOURS 12 12. MIN. 2
10a. USUAL OCCUPATION (If not kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Sedalia, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Clarence Smallwood		
13b. MOTHER'S MAIDEN NAME Emma Jackson		14. NAME OF HUSBAND OR WIFE Infant		
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. None		17. INFORMANT'S SIGNATURE OR NAME Clarence Smallwood - Sedalia, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Spontaneous Delivery Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 4 days 12 hr.
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) 7600
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"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Jan 29 , 19 55 , to Feb. 2 , 19 55 , that I last saw the deceased alive on Feb. 2 , 19 55 , and that death occurred at 9:15 p.m. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) W. E. Bess, M.D.		23b. ADDRESS Sedalia Mo.		23c. DATE SIGNED Feb 4 - 1955 am
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Feb. 4, 1955		24c. NAME OF CEMETERY OR CREMATORY Crown Hill Annex Cemetery - Sedalia
24d. LOCATION (City, town, or county) (State) Mo.		25. FORENSIC DIRECTOR'S SIGNATURE Eric Beard ADDRESS 410 W. Coopers		
DATE REC'D BY LOCAL REG. 2-4-'55		REGISTRAR'S SIGNATURE Lavina Cooney, Deputy		

(Licensed Embalmer's Statement on Reverse Side)

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

7804

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.....


Licensed Embalmer No. 474

P. O. Address.....
Denville

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.