

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29881**

FILED SEP 29 1957

BIRTH NO. _____ REG. DIST. NO. **99** PRIMARY REG. DIST. NO. **1380** Registrar's No. **46**

1. PLACE OF DEATH a. COUNTY DeKalb		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY DeKalb	
b. CITY OR TOWN Washington Clarkdale, RURAL	c. LENGTH OF STAY (in this place) Life	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clarkdale RURAL, Wash. twp.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home, 2 Mile, a North.		d. STREET ADDRESS (If rural, give location) 3 Miles north of town	

3. NAME OF DECEASED (Type or Print) a. (First) Azeriah b. (Middle) C. c. (Last) Smith	4. DATE OF DEATH (Month) (Day) (Year) 9 13 51
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 6 - 17 - 1873	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months 3 Days 17	IF UNDER 1 YEAR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) Mo, U	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME William Smith	13b. MOTHER'S MAIDEN NAME Elizabeth Wilson	14. NAME OF HUSBAND OR WIFE Rose Smith
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) XXX	16. SOCIAL SECURITY NO. XXXXXX	17. INFORMANT'S SIGNATURE OR NAME Clay Trussel ADDRESS Clarkdale 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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Meningeal & jugular embolism to Brain		INTERVAL BETWEEN ONSET AND DEATH 2 yrs
	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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 162X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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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?
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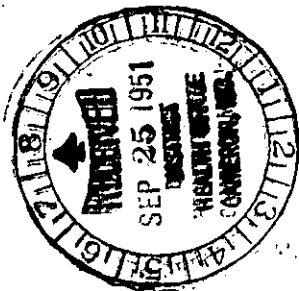
22. I hereby certify that I attended the deceased from **Nov - 10, 50**, to **Sept**, 19**51**, that I last saw the deceased alive on **July 20, 19 51**, and that death occurred at **12:40** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James H. Sweiger - M.D.	23b. ADDRESS Maysville, Mo	23c. DATE SIGNED 9-10-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-16-51	24c. NAME OF CEMETERY OR CREMATORY Clarkdale	24d. LOCATION (City, town, or county) (State) Clarkdale Mo.
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DATE REC'D BY LOCAL REG. 9-21-51	REGISTRAR'S SIGNATURE Russell Davidson	25. FUNERAL DIRECTOR'S SIGNATURE John Bean ADDRESS Maysville Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



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.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Signed.....

Student Embalmer No.....

Licensed Embalmer No. 3933

P. O. Address Weymouth, Mass.

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.