

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10509

State File No.

FILED MAR 17 1953

BIRTH NO.		REG. DIST. NO. <u>193</u>		PRIMARY REG. DIST. NO. <u>4297</u>		Registrar's No.			
1. PLACE OF DEATH a. COUNTY <u>Linn</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Purdin</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Purdin</u>		0580			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>0</u>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>William</u>		b. (Middle) <u>Harrison</u>		c. (Last) <u>Smith</u>			
4. DATE OF DEATH (Month) <u>3</u> (Day) <u>4</u> (Year) <u>53</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>			
8. DATE OF BIRTH <u>Aug. 24, 1989</u>		9. AGE (In years) <u>63</u> (as birthday)		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u>		11. BIRTHPLACE (State or foreign country) <u>Linn Co. Missouri</u>			
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>Delphus S. Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Amanda Cassity</u>		14. NAME OF HUSBAND OR WIFE <u>Callie Smith</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Callie Smith</u>		ADDRESS <u>Purdin, Mo.</u>			
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) <u>congestive heart failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>coronary arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 mo.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) 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 <u>Aug</u> , 19 <u>52</u> , to <u>Mar 4</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>March 4</u> , 19 <u>53</u> , and that death occurred at <u>10:15 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Howard Carter</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Browning Mo</u>		23c. DATE SIGNED <u>Mar 8 1953</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>3-6-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Purdin</u>		24d. LOCATION (City, town, or county) (State) <u>Purdin Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Mar. 13 '53</u>		REGISTRAR'S SIGNATURE <u>Elva Crawford</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wade Funeral Home</u>		ADDRESS <u>Browning, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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.

Student Embalmer No.

Signed _____

Gerald I. Wade

Signed
Student Embalmer

Licensed Embalmer No. *4172*

P. O. Address *Browning*

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.