

FILED JAN 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10864

BIRTH NO. _____ REG. DIST. NO. 236 PRIMARY REG. DIST. NO. 4352 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY <u>Morgan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Versailles</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Versailles</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Eckhoff Clinic</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Infant</u> b. (Middle) <u>Smith</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 28 1948</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Dec. 28-48</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR: Months <u>0</u> Days <u>0</u> IF UNDER 10 HRS. Hours <u>0</u> Min. <u>1</u>
11. BIRTHPLACE (State or foreign country) <u>Versailles, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Burnice Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Dessie Sidebottom</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Burnice Smith</u> ADDRESS <u>Versailles, 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. <u>159</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Mother's poor health</u> 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	
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) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>2</u>	
22. I hereby certify that I attended the deceased from <u>12-29, 1948</u> , to <u>12-29, 1948</u> , that I last saw the deceased alive on <u>12-29, 1948</u> , and that death occurred at <u>2:30 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>P. J. Eckhoff D.O.</u>		23b. ADDRESS <u>Versailles, Mo.</u>	23c. DATE SIGNED <u>12-29-48</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-30-48</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hopwell Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Versailles, Missouri</u>
DATE REC'D BY LOCAL REG. <u>1-3-49</u>	REGISTRAR'S SIGNATURE <u>J. L. Washburn 214</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>P. J. Eckhoff</u> ADDRESS <u>Versailles, Mo</u>	

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

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RECEIVED

District Health Officer No. 7;

District File Number 12-48-1544

Date Filed 1-5-49

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 [Handwritten Signature]

Licensed Embalmer No. 1546

P. O. Address [Handwritten Address]

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.