

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 44048  
Registrar's No. 104

Registration District No. 275

Primary Registration District No. 3053

1. PLACE OF DEATH:

(a) County Phelps  
(b) City or town Rolla  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1102 Lynwood Drive  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community 18 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps  
(c) City or town Rolla  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1102 Lynwood Drive  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JAMES EDWARD SMITH

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Claudia 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased June 13, 1888  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
60 5 18 hr. min.

9. Birthplace Louisville Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation Medical Doctor

11. Industry or business \_\_\_\_\_

12. Name John C. Smith  
13. Birthplace Pa.  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Hall  
15. Birthplace Ky.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Claudia Smith  
(b) Address Rolla, Mo.

17. (a) Burial (b) Date thereof 12-3-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Rolla Cemetery

18. (a) Signature of funeral director Null & Sons F. H.  
(b) Address Rolla, Mo.

19. (a) 12-9-48 (b) Nadine L. Steel  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 1  
year 1948 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from Past 5 years,  
\_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of prostate with metastasis to skeleton Duration 1 yr.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 51B  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature E. E. F. [unclear] M. D. or other) \_\_\_\_\_  
Address Rolla, Mo. Date signed 12-8-48

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

MOTHER FATHER

RECEIVED

Phelps County Health Officer,

County File Number \_\_\_\_\_

Date Filed 12/12/48

DEC 27 1948

DEC 27 1948

VS DEC 5 1959

**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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Paul E. Null

Licensed Embalmer No. 4498

P. O. Address Rolla, Mo.

**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.**