

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **42280**

FILED JAN 6 1949

BIRTH NO. _____		REG. DIST. NO. <u>360</u>		PRIMARY REG. DIST. NO. <u>6225</u>		Registrar's No. <u>172</u>		
1. PLACE OF DEATH a. COUNTY <u>Bernou</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>mo.</u> b. COUNTY <u>Jackson</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Merical Wash</u>		c. LENGTH OF STAY (in this place) <u>1245</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #3</u>				d. STREET ADDRESS (If rural, give location) <u>1st</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>EDWARD M. SMITH</u> b. (Middle) <u>SMITH</u> c. (Last) <u>SMITH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-27-1948</u>					
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>11</u>		8. DATE OF BIRTH <u>2-11-1878</u>		9. AGE (In years last birthday) (Months) (Days) <u>70 10 26</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>		11. BIRTHPLACE (State or foreign country) <u>Penn</u>		12. CITIZEN OF WHAT COUNTRY? <u>W. S. A.</u>	
13a. FATHER'S NAME <u>Robert Smith</u>			13b. MOTHER'S MAIDEN NAME <u>Prudence Uglax</u>		14. NAME OF HUSBAND OR WIFE <u>A</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>✓</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Hospital record</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i> <u>930</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Arteriosclerotic Heart Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>✓</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>✓</u>					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		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) <u>✓</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>✓</u>				
22. I hereby certify that I attended the deceased from <u>12-24-1948</u> to <u>12-27-1948</u> , that I last saw the deceased alive on <u>12-26-1948</u> , and that death occurred at <u>4:25 Am.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>W. S. Hall M.D.</u>				23b. ADDRESS <u>Nebraska 720</u>		23c. DATE SIGNED <u>12-27-48</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 28-48</u>		24c. NAME OF CEMETERY OR CREMATORY <u>State Hospital Bernou</u>		24d. LOCATION (City, town, or county) (State) <u>Nebraska, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>12/30/48</u>		REGISTRAR'S SIGNATURE <u>Wathyn Yaucyo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>3311</u>		ADDRESS <u>Henry Johnson Home Nevada</u>		

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

10-8-0

RECEIVED

District Health Officer No. 7

District File Number 12-48-1525

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 not

Embalmer

Student Embalmer No.

working under my personal supervision.

L. P. Ferry

Signed

Signed.....

Student Embalmer

Licensed Embalmer No.

1760

P. O. Address

Levada 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.