

FILED JUL 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

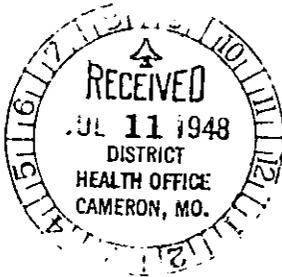
State File No. **18519**

BIRTH NO. _____ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 5016 Registrar's No. 345

1. PLACE OF DEATH a. COUNTY <u>Andrew County</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence, before admission) a. STATE <u>Missouri</u>		b. COUNTY <u>Andrew</u>		
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Rural Monroe</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Monroe</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RFD # 1 Cosby</u>		d. STREET ADDRESS (If rural, give location) <u>RFD # 1 Cosby</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Loren</u>			b. (Middle) <u>Smith</u>			
c. (Last) <u>Smith</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 3, 1949</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		
8. DATE OF BIRTH <u>Mar. 16, 1876</u>		9. AGE (In years last birthday) (Specify) <u>73</u>		10. F UNDER 1 YEAR 11. F UNDER 1 YEAR 12. F UNDER 1 YEAR <u>3</u> <u>17</u> <u>17</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farm</u>		11. BIRTHPLACE (State or foreign country) <u>Andrew Co. MO</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>		13a. FATHER'S NAME <u>William Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Yangst</u>		
14. NAME OF HUSBAND OR WIFE <u>Mamie Smith</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>Mamie Smith</u>		ADDRESS <u>RFD # 1 Cosby</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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>carcinoma of liver</u> ANTECEDENT CAUSES DUE TO (b) <u>unknown</u> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			INTERVAL BETWEEN ONSET AND DEATH <u>156A</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>9: A. m.</u> , from the causes and on the date stated above.						
23a. SIGNATURE <u>W. S. Maxwell, D.O., coroner</u>		(Degree or title)		23b. ADDRESS <u>307 W. Main, Savannah, Mo</u>		
23c. DATE SIGNED <u>7/7/49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/5/1949</u>		
24c. NAME OF CEMETERY OR CREMATORY <u>Rochester Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Rochester Mo</u>				
DATE REC'D BY LOCAL REG. <u>7/9/49</u>		REGISTRAR'S SIGNATURE <u>Lillian Sparks</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Law</u>		
		ADDRESS <u>318 S. 10th St. Joplin, Mo.</u>				

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

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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 *William Spalding*

Licensed Embalmer No. *4535*

P. O. Address *3195 10th St. Memphis 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.