

S. No. 300
v. 10.48

FILED SEP 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27316

State File No. _____

55
390

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

| | | | | | | | |
|--|----------------------------------|---|--|--|---|---|---|
| BIRTH NO. _____ | | REG. DIST. NO. <u>383</u> | | PRIMARY REG. DIST. NO. <u>5655</u> | | Registrar's No. <u>251</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Lawrence</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mt. Vernon</u> | | c. LENGTH OF STAY (In this place) <u>156 days</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon</u> <u>53</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri State Sanatorium</u> | | | | d. STREET ADDRESS (If rural, give location) <u>528 Monroe</u> <u>2</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Paul</u> | | | b. (Middle) <u>A.</u> | | c. (Last) <u>Smith</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 18, 1949</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | | 8. DATE OF BIRTH <u>7-12-02</u> | | 9. AGE (In years last birthday) <u>47</u> IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>Lebanon, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U S A</u> |
| 13a. FATHER'S NAME <u>L. J. Smith</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Susie Alford</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>493-07-0964</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>E. McMichael, Record Clerk, Mo. State Sanatorium, Mt. Vernon, 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>Over 1 yr.</u> |
| 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) (Min.) | | 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>March 15, 1949</u> , to <u>Aug. 18, 1949</u> , that I last saw the deceased alive on <u>Aug. 18, 1949</u> , and that death occurred at <u>7:25 am.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>C. A. Gustus M.D.</u> | | | | (Degree or title) <u>U</u> | | 23b. ADDRESS <u>Mt. Vernon, Missouri</u> | |
| 23c. DATE SIGNED <u>8-18-49</u> | | | | | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal Aug 18-'49</u> | | 24b. DATE <u>Aug 18-'49</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Lebanon</u> | | 24d. LOCATION (City, town, or county) (State) <u>Lebanon Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>Aug 19, 1949</u> | | REGISTRAR'S SIGNATURE <u>Cecil Hendricks</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Palmer's</u> | | ADDRESS <u>Lebanon Mo</u> | |
| By <u>Of Kart</u> (Licensed Embalmer's Statement on Reverse Side) | | | | | | | |

Rec'd 8-29-49
849-998
8-29-49

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 S R Palmer.....

Licensed Embalmer No. 2209.....

P. O. Address. Lebanon 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.