

FILED NOV 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32945

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 2092 Registrar's No. 86

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Lone Oak</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Lone Oak</u>	
c. LENGTH OF STAY (in this place) <u>47 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Rt. 5 Butler, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt. 5 Butler, Mo.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Boone</u> b. (Middle) <u>H.</u> c. (Last) <u>Smithson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 1, 1949</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>August 6, 1883</u>
9. AGE (In years last birthday) <u>66</u>		10. C. UNDER 1 YEAR Months <u>2</u> Days <u>25</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Nathan Smithson</u>		13b. MOTHER'S MAIDEN NAME <u>Hannah Buzzard</u>	
13c. NAME OF HUSBAND OR WIFE <u>Florence Smithson</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. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ross Daniels Butler, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Age</u>			
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>4222</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) _____		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 Nov 1, 1947, to Oct. 28, 1949, that I last saw the deceased alive on Oct. 28, 1949 and that death occurred at 4:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Butler, Missouri</u>		23c. DATE SIGNED <u>Nov. 1, 1949</u>	
24a. BURIAL OR CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 3, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Bates Co. Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Charles Underwood Butler, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Nov. 2 - 1949</u>		REGISTRAR'S SIGNATURE <u>Rendall Kiran</u>		17	

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

RECEIVED

District Health Officer No.

District File Number 10-49-

Date Filed 11-8-41

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 George K. Hill

Licensed Embalmer No. 4743

P. O. Address Butler, 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.