

FILED OCT 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35983**

BIRTH NO. _____ REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **6082** Registrar's No. **193**

1. PLACE OF DEATH a. COUNTY Saline				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Saline			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Arrow Rock		c. LENGTH OF STAY (in this place) 8 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Arrow Rock township		d. STREET ADDRESS (If rural, give location) 1/2 mile west of Arrow Rock	
3. NAME OF DECEASED (Type or Print) a. (First) Samuel b. (Middle) Henry c. (Last) Smith			4. DATE OF DEATH (Month) (Day) (Year) Oct. 8, 1949				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 7, 1870		9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months 11 Days 1	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Kentucky		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Paschal Early Smith			13b. MOTHER'S MAIDEN NAME Nancy Jane Moore		14. NAME OF HUSBAND OR WIFE -----		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. John R. Lawrence Marshall, Mo. ADDRESS -----			
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) Myocardites ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Uremia DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 4227
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input 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) Marshall Saline Mo		21f. HOW DID INJURY OCCUR	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from 1948 , to Oct 8 , 1949, that I last saw the deceased alive on Oct 7 , 1949, and that death occurred at 4:15 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) John R. Lawrence M.D.				23b. ADDRESS Marshall, Mo		23c. DATE SIGNED Oct 9-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 11, 1949	24c. NAME OF CEMETERY OR CREMATORY Ridge Park Cemetery		24d. LOCATION (City, town, or county) (State) Marshall, Missouri		
DATE REC'D BY LOCAL REG. Oct 10-1949		REGISTRAR'S SIGNATURE Lidney J Gray		FUNERAL DIRECTOR'S SIGNATURE 385 S Campbell		ADDRESS Lewis Marshall, Mo	

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 10-17-49

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 James H. Lewis Jr.

Licensed Embalmer No. 4709

P. O. Address Marshall, 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.