

FILED OCT 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36059

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>348</u>		PRIMARY REG. DIST. NO. <u>6776</u>		Registrar's No. <u>18</u>	
1. PLACE OF DEATH a. COUNTY <u>Sullivan Co.</u>				2. USUAL RESIDENCE (Where deceased lived; if institution, residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Sullivan</u>			
b. CITY OR TOWN <u>Humphrey (Rural)</u>		c. LENGTH OF STAY (in this place) <u>life</u>		c. CITY OR TOWN <u>Humphrey (Rural)</u>		d. STREET ADDRESS (If rural, give location) <u>Saylor Sup.</u>	
3. NAME OF DECEASED (Type or Print) <u>JOSEPH CALEB SMITH</u> a. (First) b. (Middle) c. (Last)				4. DATE OF DEATH (Month) (Day) (Year) <u>10-7-49</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug 26 1883</u>	9. AGE (In years last birthday) <u>66</u>	# MONTHS <u>6</u>	# DAYS <u>6</u>	# HOURS <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Lin Co Mo</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>J N Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Ida Catter</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs J.C. Smith (Belva)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs J.C. Smith</u> ADDRESS _____			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. 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 <u>Immediate</u> <u>4701</u>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Sept 1</u> , 19 <u>49</u> , to <u>Oct 7</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Oct 4</u> , 19 <u>49</u> , and that death occurred at <u>8:00 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J.R. Meerts</u> (Degree or title)				23b. ADDRESS <u>Browning Mo</u>		23c. DATE SIGNED <u>Oct 8 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-9-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Humphrey Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Humphrey Mo</u>	
DATE REC'D BY LOCAL REG. <u>Oct 14-49</u>		REGISTRAR'S SIGNATURE <u>Greta Caldwell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>P.K. Payne</u>		ADDRESS <u>San Galt Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10-48

DEC 4 1951

RECEIVED OCT 15 1949
District Health Officer No. 10
District File Number 15-49-18
Date Filed OCT 15 1949

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 P. K. Payne Jr

Licensed Embalmer No. 3400

P. O. Address Galt

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.