

FILED DEC 13 1949

STANDARD CERTIFICATE OF DEATH

State File No. 3622  
Registrar's No. 98

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 3005

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) <u>Rutler</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - East Boone Twp.</u>	
c. LENGTH OF STAY (in this place) <u>5 days</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rutler Memorial Hospital</u>			

3. NAME OF DECEASED a. (First) <u>Frankie</u> b. (Middle) <u>Elmer</u> c. (Last) <u>Smith</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 6 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>Oct. 29, 1894</u>	9. AGE (In years last birthday) <u>55</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>27</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		11. BIRTHPLACE (State or foreign country) <u>Nodaway Co. Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Andrew Smith</u>		13b. MOTHER'S MAIDEN NAME <u>?? Morin</u>		14. NAME OF HUSBAND OR WIFE <u>Gladys 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.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Gladys Smith</u> ADDRESS <u>Adrian 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		MEDICAL CERTIFICATION <u>Polycystic Disease of the Kidneys</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 yrs.</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>						<u>1571</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. 9, 1949, to Dec. 9, 1949, that I last saw the deceased alive on Dec. 6, 1949, and that death occurred at 4:15 pm, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Frank M. Sipes M.D.</u>		23b. ADDRESS <u>Professional Bldg., Butler, Mo.</u>		23c. DATE SIGNED <u>12-8-49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-8-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crescent Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Adrian Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>Dec 8 1949</u>		REGISTRAR'S SIGNATURE <u>Ronald Perry</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Breath &amp; Sif</u> ADDRESS <u>Adrian Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 7)

District File Number 11-49-1445

Date Filed 12-12-49

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 \_\_\_\_\_

Fred J. Leath 3343

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed [Signature]

Licensed Embalmer No. 3650

P. O. Address Adrian 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.