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FILED DEC 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42135

11449 State File No.
6029 Registrar's No. 21

BIRTH NO. REG. DIST. NO. 300 PRIMARY REG. DIST. NO. 6029

1. PLACE OF DEATH a. COUNTY Reynolds		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Reynolds	
b. CITY (If outside corporate limits, write RURAL and give township) Ellington		c. CITY (If outside corporate limits, write RURAL and give township) Ellington Mo	
c. LENGTH OF STAY (In this place) 10 years		d. STREET ADDRESS	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) JENNINGS c. (Last) SMITH			4. DATE OF DEATH (Month) (Day) (Year) 12 4 49			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never MARRIED	8. DATE OF BIRTH 12-27-1895		9. AGE (In years last birthday) 53	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Reynolds County U.S.A.		

13a. FATHER'S NAME William Smith	13b. MOTHER'S MAIDEN NAME Alice Rogers	14. NAME OF HUSBAND OR WIFE
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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. Unknown	17. INFORMANT'S SIGNATURE OR NAME Rena Phelps	ADDRESS Ellington
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Arterio Sclerosis.</u>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio Sclerosis.</u>		DUE TO (b) <u>Hypertension.</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		45	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 8-14, 1949, to 12-3, 1949, that I last saw the deceased alive on 12-3, 1949, and that death occurred at 10:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE A. J. Bugg, M.D. (Degree or title)	23b. ADDRESS Ellington Mo.	23c. DATE SIGNED 12-5-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-5-49	24c. NAME OF CEMETERY OR CREMATORY Skagan Cemetery	24d. LOCATION (City, town or county) (State) Dunder Creek, Mo
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DATE REC'D BY LOCAL REG 12/8/49	REGISTRAR'S SIGNATURE Essie Evans. 1276	25. FUNERAL DIRECTOR'S SIGNATURE Jewel Funeral Service	ADDRESS Ellington Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 12/12/49
District Health Officer No. 5,
District File Number 1249785
Date Filed 12/17/49

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, only

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Allen C. Johnson

Licensed Embalmer No. 4542

P. O. Address Van Buren, 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.