

FILED JAN 9 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1654

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 1-275 Registrar's No. \_\_\_\_\_

|  |   |  |      |
|--|---|--|------|
| 1. PLACE OF DEATH<br>a. COUNTY Lawrence                                      |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE Missouri b. COUNTY Lawrence |      |
| b. CITY (If outside corporate limits, write RURAL and give town) Marionville | c. LENGTH OF STAY (In this place) 78yrs | c. CITY (If outside corporate limits, write RURAL and give township) Marionville   | 0530 |
| d. FULL NAME OF HOSPITAL OR INSTITUTION                                      |   | d. STREET ADDRESS (If rural, give location)  |      |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) John b. (Middle) Smith c. (Last) Smith |  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br>Jan. 1 1950 |  |  |
|--|--|--|--|--|--|

|  |                        |  |                               |  |                          |                                       |       |      |
|--|------------------------|--|-------------------------------|--|--------------------------|---------------------------------------|-------|------|
| 5. SEX Male  | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Oct. 5, 1865 | 9. AGE (In years last birthday) 84                               | IF UNDER 1 YEAR Months 2 | IF UNDER 4 HRS. Days 27               | Hours | Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer |                        | 10b. KIND OF BUSINESS OR INDUSTRY Farming                      |                               | 11. BIRTHPLACE (State or foreign country) Barry County, Missouri |                          | 12. CITIZEN OF WHAT COUNTRY? U. A. S. |       |      |

|                                  |  |                                 |  |  |  |
|----------------------------------|--|---------------------------------|--|--|--|
| 13a. FATHER'S NAME Granvil Smith |  | 13b. MOTHER'S MAIDEN NAME Sarah |  | 14. NAME OF HUSBAND OR WIFE Anna Smith |  |
|----------------------------------|--|---------------------------------|--|--|--|

|  |                            |  |  |  |  |
|--|----------------------------|--|--|--|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | 16. SOCIAL SECURITY NO. no | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Vaughn Smith, Marionville, Mo. |  |  |  |
|--|----------------------------|--|--|--|--|

|   |                                  |  |  |  |                                  |
|---|----------------------------------|--|--|--|----------------------------------|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION            |  |  |  | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis  | ANTECEDENT CAUSES                |  |  |  | years                            |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  | DUE TO (b)                       |  |  |  | 4 1/2 yrs                        |
| DUE TO (c)  | II. OTHER SIGNIFICANT CONDITIONS |  |  |  | years                            |
| Conditions contributing to the death but not related to the disease or condition causing death. Pernicious - Anemia   |                                  |  |  |  |                                  |

|                        |                                  |  |  |   |  |
|------------------------|----------------------------------|--|--|---|--|
| 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) | 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 1946 to Jan-1, 1950, that I last saw the deceased alive on Dec 26, 1949, and that death occurred at 8:35 A. M., from the causes and on the date stated above.

|                            |  |                        |                        |                         |
|----------------------------|--|------------------------|------------------------|-------------------------|
| 23a. SIGNATURE G. P. Lopez |  | (Degree or title) M.D. | 23b. ADDRESS Aurora Mo | 23c. DATE SIGNED 1/2/50 |
|----------------------------|--|------------------------|------------------------|-------------------------|

|  |                        |   |  |
|--|------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Jan. 2, 1950 | 24c. NAME OF CEMETERY OR CREMATORY Odd Fellows Cemetery | 24d. LOCATION (City, town, or county) (State) Marionville, Mo. |
|--|------------------------|---|--|

|                                     |                                   |     |   |                         |
|-------------------------------------|-----------------------------------|-----|---|-------------------------|
| DATE REC'D BY LOCAL REG. Jan 1 - 50 | REGISTRAR'S SIGNATURE Ora Mc Nett | 157 | 25. FUNERAL DIRECTOR'S SIGNATURE J. B. Burridge | ADDRESS Marionville Mo. |
|-------------------------------------|-----------------------------------|-----|---|-------------------------|

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

No. 309  
12

RECEIVED JAN 5 1950  
District Health Off : 0. 6,  
District File Number 150 - 29  
Date Filed 1 - 5 - 50

**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.

Signed Herman Curridge

Signed.....  
Student Embalmer

Licensed Embalmer No. 3072

P. O. Address Marionville 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.