FILED JAN 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2154

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 4447 Registrar's No. 3

1. PLACE OF DEATH
a. COUNTY: Ray
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Henrietta MO
c. LENGTH OF STAY (in this place): Magic of Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home no st address

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Ray
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Henrietta
d. STREET ADDRESS (If rural, give location): Home

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): V.
c. (Last): SMITH M.D.

4. DATE OF DEATH (Month) (Day) (Year): Jan 13 1950

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 15, 1875
9. AGE (In years last birthday): 74 — If under 1 year: Months 2, Days 28 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): M.D.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Hardin, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: James H. Smith
13b. MOTHER'S MAIDEN NAME: Surilda Smith
14. NAME OF HUSBAND OR WIFE: Stella Hugill

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.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Stella Smith, Henrietta, MO.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac & Renal failure

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cerebral Thrombosis and
DUE TO (c) Cephalitis

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH: 332X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12 years, 19 50, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 5:00 A.M. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): B. Payne Mrs
23b. ADDRESS: Revington Mo.
23c. DATE SIGNED: 1/14/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/15/50
24c. NAME OF CEMETERY OR CREMATORY: Salem
24d. LOCATION (City, town, or county) (State): Independence, Mo.

DATE REC'D BY LOCAL REG.: Jan 21-1950
REGISTRAR'S SIGNATURE: Mabel Jackson 273
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Forrest F. Tempel Lex. Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JAN 23
District Health Officer No. 8

District File Number.....

Date Filed 1-24-50

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 Les McLean

Signed.....
Student Embalmer

Licensed Embalmer No. 2983

P. O. Address Lexington, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.