

FILED FEB 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH 3021

State File No. 4600

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 5474 Registrar's No. 15

102
02

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

1. PLACE OF DEATH a. COUNTY GRUNDY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY GRUNDY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	c. LENGTH OF STAY (in this place) 10 DAYS	c. CITY (If outside corporate limits, write RURAL and give township) RURAL - JEFFERSON TWP.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION WRIGHTS HOSP. MO.		d. STREET ADDRESS (If rural, give location) 0400	
3. NAME OF DECEASED (Type or Print) a. (First) BUEL b. (Middle) RAY c. (Last) SMITH			4. DATE OF DEATH (Month) (Day) (Year) JAN. 30-1950
5. SEX M	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED ()	8. DATE OF BIRTH AUG. 19, 1949
9. AGE (In years last birthday) 5 Months 11 Days		10. CITIZEN OF WHAT COUNTRY? AM.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (State or foreign country) JEFFERSON TWP. MO.
13a. FATHER'S NAME GEORGE B. SMITH		13b. MOTHER'S MAIDEN NAME LUELLA LAFFEY	14. NAME OF HUSBAND OR WIFE _____
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME George B. Smith 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) Acute Gastro-Enteritis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 5710	
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) m.	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 Jan 15th, 1950 , to Jan 30th, 1950 , that I last saw the deceased alive on Jan 30th, 1950 , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE N. Oliver F. Luff, MD (Degree or title)		23b. ADDRESS Trenton Mo.	23c. DATE SIGNED Jan 31st 1950
24a. BURIAL, CREMATION, OTHER (Specify) Feb. 1, 1950	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY Masonic	24d. LOCATION (City, town, or county) (State) Jefferson Twp. Mo.
DATE REC'D BY LOCAL REG. Jan 30-1950	REGISTRAR'S SIGNATURE Irene Fair 105	25. FUNERAL DIRECTOR'S SIGNATURE Richard L. Richardson ADDRESS Jefferson Twp. Mo.	



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 _____

NOT EMBALMED

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Rollin T. Richardson*

Licensed Embalmer No. *4715*

P. O. Address *Jenney, 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.