

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9349

State File No. _____

BIRTH NO. 15247-50 REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 43

0497

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| 1. PLACE OF DEATH a. COUNTY <u>Jasper</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u> | |
| b. CITY OR TOWN <u>Webb City</u> | c. LENGTH OF STAY (in this place) <u>1 day</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webb City</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>9 1/2 S. Webb St.</u> | | d. STREET ADDRESS (If rural, give location) <u>9 1/2 S. Webb St.</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>JACKIE</u> b. (Middle) <u>LEE</u> c. (Last) <u>SMITH</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>March 9, 1950</u> | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | 8. DATE OF BIRTH <u>March 8, 1950</u> | 9. AGE (In years last birthday) <u>0</u> | IF UNDER 1 YEAR Days <u>0</u> | IF UNDER 24 HRS. Hours <u>1</u> Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>infant</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>infant</u> | 11. BIRTHPLACE (State or foreign country) <u>Webb City, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |

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| 13a. FATHER'S NAME <u>Bobby Jack Smith</u> | 13b. MOTHER'S MAIDEN NAME <u>Edith Fay Pummill</u> | 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) <u>No</u> | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME <u>Bobby Jack Smith</u> ADDRESS <u>Webb City, Mo.</u> |
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| 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. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>21 hours</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Patent Foramen Ovale</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | <u>7543</u> | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____ |
| 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? _____ |

22. I hereby certify that I attended the deceased from 3-8, 1950, to 3-9, 1950, that I last saw the deceased alive on 3-9, 1950, and that death occurred at 8:55 p.m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>B. B. Munson</u> | 23b. ADDRESS <u>Webb City, Mo.</u> | 23c. DATE SIGNED <u>3-11-50</u> |
| 24a. BURIAL, CRAMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>3-11-50</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Webb City Cemetery</u> |
| 24d. LOCATION (City, town, or county) <u>Webb City, Missouri</u> | | 24e. LOCATION (State) _____ |

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| DATE REC'D BY LOCAL REG. <u>3/11-50</u> | REGISTRAR'S SIGNATURE <u>[Signature]</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Webb City Mo</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 3-20-50

Jasper County Health Office

County File Number 50-3-221

Date Filed 3-31-50

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 Ronald J. Lewis D.

Signed _____
Student Embalmer

Licensed Embalmer No. 4561

P. O. Address Webb City 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.