

5. No. 300
10. 48

FILED APR 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12175
Registrar's No. 137

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008

1. PLACE OF DEATH
a. COUNTY Callaway

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton

c. LENGTH OF STAY (In this place) 84 1/2 hrs

d. FULL NAME OF HOSPITAL OR INSTITUTION State Hos #1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo b. COUNTY Saline

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nelson 0970

d. STREET ADDRESS (If rural, give location) 7

3. NAME OF DECEASED
a. (First) GEORGE b. (Middle) ELI c. (Last) SMITH

4. DATE OF DEATH (Month) (Day) (Year)
April 17 1950

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S

8. DATE OF BIRTH Apr 2-1873

9. AGE (In years last birthday) 77
IF UNDER 1 YEAR: Months - Days 15
IF UNDER 24 HRS: Hours - Mins. -

10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Farm

11. BIRTHPLACE (State or foreign country) Saline Co Mo

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Chas W Smith

13b. MOTHER'S MAIDEN NAME Mary Jane Wilson

14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) dk

16. SOCIAL SECURITY NO. dk

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Hos. Records State Hos Fulton 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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bx pneumonia

ANTECEDENT CAUSES
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.

INTERVAL BETWEEN ONSET AND DEATH
491X

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 4-17 1950, to 4-17 1950, that I last saw the deceased alive on 4-17 1950, and that death occurred at 8 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R Caldwell M D U

23b. ADDRESS State Hos Fulton Mo

23c. DATE SIGNED 4-17-50

24a. BURIAL, CREMATION, REMOVAL REMOVAL

24b. DATE 4/19/1950

24c. NAME OF CEMETERY OR CREMATORY SALT FORK

24d. LOCATION (City, town, or county) (State) COOPER MO

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE 428
Marretta Lawrence

25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS
Manager Funeral Home, Fulton, Mo.

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

District File Number

District Health Officer No. 9,

RECEIVED
APR 24 1950

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Walter J. Haines, Jr.

Licensed Embalmer No. 4557

P. O. Address Fulton 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.