U.S. No. 300
Rev. 10-48

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

FILED JUN 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20007

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 5505 Registrar's No. 16

1. PLACE OF DEATH
a. COUNTY: HENRY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL, BOGARD, TWP.
c. LENGTH OF STAY (in this place): 15 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): AT HOME, BOGARD TWP

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: HENRY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL, BOGARD, TWP
d. STREET ADDRESS (If rural, give location): 2 mi. NORTH WEST, URICH

3. NAME OF DECEASED (Type or Print): a. (First) WILLIE, b. (Middle) BEECHER, c. (Last) SMITH
4. DATE OF DEATH (Month) (Day) (Year): JUNE 14, 1950
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 1
8. DATE OF BIRTH: April. 2. 1873
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Aron Smith
13b. MOTHER'S MAIDEN NAME: Eliza Means
14. NAME OF HUSBAND OR WIFE: Florence B. Smith
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: Jess G. Smith — ADDRESS:

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY OCCLUSION — INTERVAL BETWEEN ONSET AND DEATH: 5 MIN.

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.

4/30/1

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 _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Hugh B. Walker (Degree or title): MD Coroner
23b. ADDRESS: Clinton, Mo.
23c. DATE SIGNED: 15 June 1950

24a. BURIAL, CREMATION, REMOVAL (Specify): B
24b. DATE: June 17-1950
24c. NAME OF CEMETERY OR CREMATORY: Urich Cemetery
24d. LOCATION (City, town, or county) (State): Urich Mo

DATE REC'D BY LOCAL REG.: June-20-1950
REGISTRAR'S SIGNATURE: Florence Adams 4.22
25. FUNERAL DIRECTOR'S SIGNATURE: W. J. Brown — ADDRESS: Urich Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 6-26-50
District Health Officer No. 7,
District File Number 5-50-706
Date Filed 6-26-50

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.

Student .....
Student Embalmer

Signed R. R. Kenney
Licensed Embalmer No. 3099
P. O. Address Clinton 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.