

No. 300
10-48

FILED JUL 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24060
Registrar's No. 235

0644

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>235</u>		
1. PLACE OF DEATH a. COUNTY <u>MARION</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>SCOTLAND</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HANNIBAL</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>REVERE</u>		d. STREET ADDRESS (If rural, give location) <u>0990</u> <u>1</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LEVERING HOSPITAL</u>								
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROBERT</u>			b. (Middle) <u>BRUCE</u>		c. (Last) <u>SMITH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 10 1950</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>✓</u>		8. DATE OF BIRTH <u>OCT 12, 1890</u>		9. AGE (In years last birthday) <u>60</u>	10. IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED BARBER</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>DUMAS, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S</u>		
13a. FATHER'S NAME <u>ROBERT LEE SMITH</u>			13b. MOTHER'S MAIDEN NAME <u>LOVELESS</u>		14. NAME OF HUSBAND OR WIFE <u>MABEL MARIE WRIGHT</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>J.P. Smith</u> ADDRESS <u>Memphis Mo</u>				
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				INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs.</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute Tubercular edema</u>				ANTecedent CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>myocardial infarction 2 days</u> DUE TO (c) <u>Refluxive Carditis - vascular disease</u>				II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>3:35A</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____				23b. ADDRESS <u>1001 Redway</u>		23c. DATE SIGNED <u>7/11/50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/13/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memphis Scotland Mo.</u>		24d. LOCATION (City, town, or county) (State) _____		
DATE REC'D BY LOCAL REG. <u>7/13/50</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ralph Clark Hannibal Mo</u> ADDRESS _____				

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

RECEIVED JUL 14 1950
A. ARION CO. HEALTH DEPT.
DATE FILED JUL 17 1950

SEP 27 1950

AUG 15 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 _____

Ralph Clark

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed *Ralph Clark*

Licensed Embalmer No. *4217*

P. O. Address *Hammond, 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.