

FILED AUG 15 1950

STANDARD CERTIFICATE OF DEATH

State File No. 24385

BIRTH NO. REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 189

1. PLACE OF DEATH
a. COUNTY RANDOLPH
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MOBERLY
c. LENGTH OF STAY (In this place) UNKNOWN
d. FULL NAME OF HOSPITAL OR INSTITUTION 607 HAROOD

2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
a. STATE MO b. COUNTY RANDOLPH
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MOBERLY 1883
d. STREET ADDRESS (If rural, give location) 607 HAROOD 0

3. NAME OF DECEASED (Type or Print)
a. (First) JOHN b. (Middle) SMITH c. (Last) SMITH

4. DATE OF DEATH (Month) (Day) (Year)
8 1 50

5. SEX M 6. COLOR OR RACE NEGR 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED

8. DATE OF BIRTH 7-5-1866 9. AGE (In years last birthday) 84 if UNDER 1 YEAR 0 if UNDER 12 HRS. 27

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COAL MINER

10b. KIND OF BUSINESS OR INDUSTRY COAL MINING

11. BIRTHPLACE (State or foreign country) 1 VIRGINIA

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME UNKNOWN

13b. MOTHER'S MAIDEN NAME ELVIRA SMITH

14. NAME OF HUSBAND OR WIFE NONE

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

16. SOCIAL SECURITY NO. UNKNOWN

17. INFORMANT'S SIGNATURE OR NAME ADDRESS ANNA WILSON MOBERLY

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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage
ANTECEDENT CAUSES
DUE TO (b) High Blood pressure
Morbid conditions, if any, giving 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. Myocarditis

INTERVAL BETWEEN ONSET AND DEATH
3 days.
Several months
331X
Several months.

19a. DATE OF OPERATION none

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)
Moberly, Randolph, Missouri

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 July 20, 1950, to Aug. 1, 1950, that I last saw the deceased alive on Aug. 1, 1950, and that death occurred at 11:30 AM., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) Dr. R. E. Huber, M.D.

23b. ADDRESS 400 1/2 W. Reed St. Moberly Mo

23c. DATE SIGNED 8/2/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Aug. 5, 1950

24c. NAME OF CEMETERY OR CREMATORY Oakland Cemetery

24d. LOCATION (City, town, or county) (State) Moberly, Missouri

DATE REC'D BY LOCAL REG. Aug 5 50

REGISTRAR'S SIGNATURE Leah Williams-Love 269

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert Skinner Moberly

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

RECEIVED

AUG 8 1950

District Health Officer No. 10

District File Number 8-14-1295

Date Filed AUG 14 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 _____

Albert Skumme

Signed _____
Student Embalmer

Licensed Embalmer No. 757

P. O. Address Macon Md.

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.