No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED AUG 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25865

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 74

1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Washington Twp
c. LENGTH OF STAY (in this place): 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital #3

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Taney
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dickens
d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): F
c. (Last): Smithson

4. DATE OF DEATH (Month) (Day) (Year): 7-13-1950

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 11-6-1870
9. AGE (In years last birthday): 79 — If under 1 year: Months 8, Days 7 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Tennessee
12. CITIZEN OF WHAT COUNTRY?: Taney U.S.

13a. FATHER'S NAME: David Smithson
13b. MOTHER'S MAIDEN NAME: Catherine Smith
14. NAME OF HUSBAND OR WIFE: Anna Smithson

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: Harold Smithson — ADDRESS: Dickens 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: Several Yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): _____
DUE TO (c): _____

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II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Fell from Bed. Causing Bruise Nose + Cheeks. — 2 Days

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hospital
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): State Hospital #3, Vernon, Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 7-11-50 10 A m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Fell from bed.

22. *I hereby certify that I attended the deceased from* 7-6-, 1950, *to* 7-13-, 1950, *that I last saw the deceased alive on* 7-13, 1950, *and that death occurred at* 4:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. R. Bunch M.D.
23b. ADDRESS: State Hospital #3
23c. DATE SIGNED: 7-13-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 7-14-50
24c. NAME OF CEMETERY OR CREMATORY: Dickens Cemetery
24d. LOCATION (City, town, or county) (State): Dickens, Mo

DATE REC'D BY LOCAL REG.: July 19, 1950
REGISTRAR'S SIGNATURE: Kathryn H. Yancey 331
25. FUNERAL DIRECTOR'S SIGNATURE: Allen V. Hays — ADDRESS: Nevada, Mo.

(Licensed Embalmer's Statement on Reverse Side)

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED JUL 25 1950

Dist. File 750 - 895

Date Filed 7 - 31-50

AUG 10 1950

AUG 7 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 .....

....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Allen V. Hayes

Licensed Embalmer No. 1968

P. O. Address Nevada, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.