

No. 30
10.48

FILED SEP 14 1950

STANDARD CERTIFICATE OF DEATH

State File No. 26163

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 334

1. PLACE OF DEATH
a. COUNTY Butler
b. CITY (If outside corporate limits, write RURAL and give township) Poplar Bluff
c. LENGTH OF STAY (In this place) 55 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION Poplar Bluff Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Butler
c. CITY (If outside corporate limits, write RURAL and give township) Poplar Bluff 0120
d. STREET ADDRESS (If rural, give location) Route # 5

3. NAME OF DECEASED
a. (First) Phillip b. (Middle) Grant c. (Last) Smith

4. DATE OF DEATH (Month) (Day) (Year)
Aug. 31, 1950

5. SEX Male 0

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 1

8. DATE OF BIRTH April 30, 1865

9. AGE (In years last birthday) 85
IF UNDER 1 YEAR: Months Days
IF UNDER 2 HRS.: Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (State or foreign country) Illinois

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Theo. Smith

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE

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

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Ralph Smith Poplar Bluff, Missouri

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis (general)
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Myocarditis
DUE TO (c) Hypertension (arterial)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

443X

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)

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 _____, 19⁵⁰, that I last saw the deceased alive on _____, 19⁵⁰, and that death occurred at 8:30A m., from the causes and on the date stated above.

23a. SIGNATURE Frank E. Snell 0 (Degree or title) M.D.

23b. ADDRESS Poplar Bluff, Missouri

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 1

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY Black Creek

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

DATE REC'D BY LOCAL REG. Aug 31-1950

REGISTRAR'S SIGNATURE Wm. H. Johnson 428

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Greer Croy & Fitch Poplar Bluff, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

SEP 12 1950

BUTLER CO. HEALTH CENTER

FILE No: 950-359

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.....

Joseph R. Matlock

Student Embalmer No. 375

working under my personal supervision.

Student

Joseph R. Matlock
Student Embalmer

Signed

Wallace H. Fitch

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff, Missou

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.