

FILED AUG 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26205

142
2

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

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 261

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Mo</u> b. COUNTY <u>Howell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fulton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>West Plains R.F.D.</u>	
c. LENGTH OF STAY (in this place) <u>31 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D. - 0460</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>State Hospital #7</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Grover</u> b. (Middle) _____ c. (Last) <u>Smith</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 5 1950</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DK</u> <u>9</u>	8. DATE OF BIRTH <u>DK Approx</u> <u>DK 70</u>
9. AGE (In years last birthday) <u>DK 70</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DK</u>	11. BIRTHPLACE (State or foreign country) <u>DK</u> <u>9</u>
10a. USUAL OCCUPATION		12. CITIZEN OF WHAT COUNTRY? <u>DK American</u>	
13a. FATHER'S NAME <u>DK</u>		13b. MOTHER'S MAIDEN NAME <u>DK</u>	
14. NAME OF HUSBAND OR WIFE <u>DK</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>DK</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Records State Hosp, Fulton Mo</u>	
17. ADDRESS <u>Fulton 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, asthma, etc. It means the disease, injury, or complication which caused death.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis</u>			
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>chronic Myo carditis</u>		19. DATE OF OPERATION _____	
19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____	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 <u>Aug 4, 1950</u> , to <u>Aug 5, 1950</u> , that I last saw the deceased alive on <u>Aug 4, 1950</u> , and that death occurred at <u>2:10 A.M.</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>Dr. Hunter M.D.</u>		23b. ADDRESS <u>State Hosp. 1, Fulton</u>	
23c. DATE SIGNED <u>Aug 5 1950</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed</u>	24b. DATE <u>8/9/1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo</u>
DATE REC'D BY LOCAL REG. <u>Aug 10-1950</u>	REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>margin Funeral Home, Fulton, Mo</u>	

File No. _____
DISTRICT HEALTH OFFICE No. 4

AUG 13 1950

RECEIVED

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.....
Student Embalmer

Signed Walter J. Haines, Jr.

Licensed Embalmer No. 4557

P. O. Address Fulton, 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.