

FILED AUG 29 1950

STANDARD CERTIFICATE OF DEATH

State File No. 27622

BIRTH NO. _____ REG. DIST. NO. 236 PRIMARY REG. DIST. NO. 5818 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY Morgan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Morgan	
b. CITY (If outside corporate limits, write RURAL and give town) Rural Moreau Township		c. CITY (If outside corporate limits, write RURAL and give township) Rural Moreau Township	
c. LENGTH OF STAY (in this place) 1 Yr.		d. STREET ADDRESS (If rural, give location) 6 Mi. South East Versailles	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6 Mi. S. E. Versailles			

3. NAME OF DECEASED (Type or Print)	a. (First) Martin	b. (Middle) L.	c. (Last) Smythe	4. DATE OF DEATH (Month) (Day) (Year) Aug. 22, 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 23, 1881	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months 2 Days 30	IF UNDER 12 HRS. Hour Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Furniture Clerk	10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (State or foreign country) Dexter, Kansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME George Smythe	13b. MOTHER'S MAIDEN NAME Josephine Pamler	14. NAME OF HUSBAND OR WIFE Lola Smythe
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 514-03-2277	17. INFORMANT'S SIGNATURE OR NAME Lola Smythe Versailles, Mo.	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH 5 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Heart Disease		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			443X many years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) SUICIDE	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 **August, 1949**, to **August, 1950**, that I last saw the deceased alive on **June, 1950**, and that death occurred at **9 A.** m., from the causes and on the date stated above.

22a. SIGNATURE Ruth Kauffman, M.D.	(Degree or title) M.D.	22b. ADDRESS Versailles, Mo.	22c. DATE SIGNED Aug 22, 1950
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE AUG. 25-50	24c. NAME OF CEMETERY OR CREMATORY Mount Hope	24d. LOCATION (City, town, or county) (State) Kansas City, Kansas
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DATE REC'D BY LOCAL REG. Aug 24-1950	REGISTRAR'S SIGNATURE J. L. Washburn	25. FUNERAL DIRECTOR'S SIGNATURE W. F. Kishull	ADDRESS Versailles, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 1 1950

RECEIVED 8/28/50
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 8/28/50

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 *Raymond C. Parker*
Licensed Embalmer No. *4626*

P. O. Address *Versailles, 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.