

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40450**
Registrar's No. **159**

FILED DEC 20 1950

BIRTH NO. _____ REG. DIST. NO. **132** PRIMARY REG. DIST. NO. **3021**

0402
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY GRUNDY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY GRUNDY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN TRENTON		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN TRENTON	
c. LENGTH OF STAY (in this place) 32 yrs		d. STREET ADDRESS (If rural, give location) 703 EAST 21st ST.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 703 EAST 21st ST.			

3. NAME OF DECEASED (Type or Print) FREDIE	a. (First) FREDIE	b. (Middle) E.	c. (Last) SMITH	4. DATE OF DEATH (Month) (Day) (Year) 12 15 1950
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5. SEX 0 MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 6-2-1866	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months 6	IF UNDER 24 HRS. Days 13	IF UNDER 24 HRS. Min.	NIS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad	10b. KIND OF BUSINESS OR INDUSTRY Burlington RR.	11. BIRTHPLACE (State or foreign country) Douglas Co. Ill.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Jerome S. Smith	13b. MOTHER'S MAIDEN NAME Nancy Coble	14. NAME OF HUSBAND OR WIFE DECEASED
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or date of service)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME BEULA M. HITE	ADDRESS Albany, N.M.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Bronchial Pneumonia		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) **Cerebral Hemorrhage**

DUE TO (c) **Arteriosclerosis - General**

331X

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 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) m.	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 **11-21-1950**, to **12-15-1950**, that I last saw the deceased alive on **12-14-1950**, and that death occurred at **12:05A m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature]	(Degree or title) MD	23b. ADDRESS Trenton Mo	23c. DATE SIGNED 12-16-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 12-16-50	24c. NAME OF CEMETERY OR CREMATORY K. P. Cemetery	24d. LOCATION (City, town, or county) (State) Trenton Mo.
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DATE REC'D BY LOCAL REG. 12-16-50	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Trenton, Mo
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FEB 21 1954

DEC 21 1953

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 _____

Myself

working under my personal supervision.

Student Embalmer No.

Signed _____

Raymond A. Davis

Licensed Embalmer No. 3424

Signed _____
Student Embalmer

P. O. Address Trenton, 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.