

FILED JAN 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43627

State File No.

560

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

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 5662 Registrar's No. 111

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Lewis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lewis</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>La Belle</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>La Belle</u> <u>0560</u> | |
| c. LENGTH OF STAY (in this place) <u>Life</u> | | d. STREET ADDRESS (If rural, give location) <u>0</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | |

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|-------------------------------------|--------------------------|----------------------------|------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Horace</u> | b. (Middle) <u>Scudder</u> | c. (Last) <u>Smith</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>December 28, 1950</u> |
|-------------------------------------|--------------------------|----------------------------|------------------------|--|

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|--------------------|-------------------------------|---|--|---|---|---|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED; NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>October 18, 1874</u> | 9. AGE (In years last birthday) <u>76</u> | # UNDER 1 YEAR Months <u>2</u> Days <u>10</u> | # UNDER 100 Hrs. Hours <u></u> Min. <u></u> |
|--------------------|-------------------------------|---|--|---|---|---|

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|---|--|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY <u>Realtor, Broker</u> | 11. BIRTHPLACE (State or foreign country) <u>La Belle Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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|---|---|---|
| 13a. FATHER'S NAME <u>Alexander Smith</u> | 13b. MOTHER'S MAIDEN NAME <u>Catherine Huse</u> | 14. NAME OF HUSBAND OR WIFE <u>Nora Smith</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. <u>-----</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Horace Smith</u> | ADDRESS <u>La Belle, Mo</u> |
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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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Right Lung -</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>6 Weeks</u> |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Heart Renal,</u> | | |
| | DUE TO (c) <u>Senility.</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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|------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) | 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 July 1, 1950 to Dec. 28, 1950, that I last saw the deceased alive on Dec. 25, 1950, and that death occurred at 4 P. M., from the causes and on the date stated above.

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|-----------------------------------|----------------------------|----------------------------------|------------------|
| 23a. SIGNATURE <u>[Signature]</u> | (Degree or title) <u>0</u> | 23b. ADDRESS <u>La Belle Mo.</u> | 23c. DATE SIGNED |
|-----------------------------------|----------------------------|----------------------------------|------------------|

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|---|---------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 24b. DATE <u>12/28/50</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>La Belle Mo.</u> | 24d. LOCATION (City, town, or county) (State) <u>La Belle, Missouri</u> |
|---|---------------------------|--|---|

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|--|--|---|-----------------------------|
| DATE REC'D BY LOCAL REG. <u>1-2-51</u> | REGISTRAR'S SIGNATURE <u>[Signature]</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> | ADDRESS <u>La Belle, Mo</u> |
|--|--|---|-----------------------------|

(Licensed Embalmer & Stateman on Reverse Side)

JAN 15 1951

Date Received: JAN 1 2 1951
DISTRICT HEALTH OFFICE #2
District File Number 1-51-151
Date Filed: JAN 2 4 1951

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 Muse

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed J. A. Coder Jr.
Licensed Embalmer No. 4327
P. O. Address La Belle, 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.