

U.S. No. 39  
REV. 1-29-59

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 29 1951

State File No. 1842

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 21

0644

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

1. PLACE OF DEATH a. COUNTY <b>Marion</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Marion</b>	
b. CITY OR TOWN <b>Hannibal</b>		c. CITY OR TOWN <b>Hannibal</b>	
c. LENGTH OF STAY (in this place) <b>6 Hours</b>		d. STREET ADDRESS (If rural, give location) <b>224 N Main St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Levering Hospital</b>			

3. NAME OF DECEASED (Type or Print) <b>Everett L. Smith</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>1 18 1951</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>7-13-1910</b>		9. AGE (In years last birthday) <b>40</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Porter</b>	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>US</b>	

13a. FATHER'S NAME <b>Fred Smith</b>		13b. MOTHER'S MAIDEN NAME <b>Agnus Bogue</b>		14. NAME OF HUSBAND OR WIFE <b>Alice Smith - Deceased</b>	
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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) <b>No</b>		16. SOCIAL SECURITY NO. <b>498-07-158</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Ben Clark</b>	
				ADDRESS <b>Hannibal Mo</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <b>1 WK</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Branchiopneumonia</b>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>J</b>			<b>491 X</b>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

2. I hereby certify that I attended the deceased from 1-17-51, 1951, to 1-17-51, 1951, that I last saw the deceased alive on 1-17-51, 1951, and that death occurred at 11 P. m., from the causes and on the date stated above.

23a. SIGNATURE <b>A. L. Brown</b>		(Degree or title) <b>M. D.</b>		23b. ADDRESS <b>100 N. Sixth, Hannibal, Mo.</b>	
				23c. DATE SIGNED <b>1-19-51</b>	

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1-20-1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Bethany Cemetery</b>	
				24d. LOCATION (City, town, or county) (State) <b>Shelby County Mo.</b>	

DATE REC'D BY LOCAL REG. <b>1-19-51</b>		REGISTRAR'S SIGNATURE <b>Dr E M Lucke</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Ralph Clark</b>	
				ADDRESS <b>Hannibal Mo</b>	

RECEIVED

JAN 23 1951

HEALTH DEPT.

JAN 21 1951

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 \_\_\_\_\_

Ralph Clark

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed

*Ralph Clark*

Licensed Embalmer No. 4217

P. O. Address Hannibal, 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.