

FILED FEB 19 1951

STANDARD CERTIFICATE OF DEATH

State File No. 3894

01172

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

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 138

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY <u>Buchanan</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Lolaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pickering</u>	
c. LENGTH OF STAY (in this place) <u>2 days, 9 a.m. to 6 p.m.</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No. 2</u>			
3. NAME OF DECEASED			4. DATE OF DEATH
a. (First) <u>HERMAN</u> b. (Middle) <u>(none)</u> c. (Last) <u>SMITH</u>			(Month) (Day) (Year) <u>2-4-1951</u>
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>11-15-1878</u>
9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>19</u>	IF UNDER 18 Hrs. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>agriculture</u>	11. BIRTHPLACE (State or foreign country) <u>Independence, Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>John Smual</u>	13b. MOTHER'S MAIDEN NAME <u>Pharua E. Kelley</u>	14. NAME OF HUSBAND OR WIFE <u>Raisy Smual</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Raisy Smual - Pickering, Mo.</u>	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchitis - pneumonia</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>	
ANTECEDENT CAUSES		DUE TO (b) <u>Arterio-sclerosis</u>	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS		<u>Pyelocystitis</u>	
Conditions contributing to the death but not related to the disease or condition causing death.		25 years	
19a. 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>5-29-</u> , 19 <u>48</u> , to <u>2-4-</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>2-4-</u> , 19 <u>51</u> , and that death occurred at <u>10:15 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Forrest Thomas, M.D.</u>		23b. ADDRESS <u>State Hospital No. 2</u>	23c. DATE SIGNED <u>2-4-1951</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>2-5-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maryville, Mo</u>	24d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. <u>Feb 10, 1951</u>	REGISTRAR'S SIGNATURE <u>Carl C. Custis</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Earl A. Clark</u>	ADDRESS <u>120 Illinois Ave.</u>

by Howaway O. D. (Licensed Embalmer's Statement on Reverse Side)

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.....

Eric J. Chaves

Signed.....
Student Embalmer

Licensed Embalmer No. *4679*

P. O. Address. *H. Joseph*

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.