

FILED FEB 28 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5464

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 237 PRIMARY REG. DIST. NO. 4353 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gideon</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gideon</u>	
c. LENGTH OF STAY (in this place) <u>1 yr.</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>city</u>		e. STREET ADDRESS <u>city</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>DAVID</u>		b. (Middle) <u>D.</u>	
c. (Last) <u>Smith</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 1-1951</u>	
5. SEX <u>0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced-3</u>	8. DATE OF BIRTH <u>June 4-1879</u>
9. AGE (In years last birthday) <u>73</u>		10. MONTHS <u>6</u>	11. DAYS <u>23</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Common Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Abe Smith</u>	
13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>-</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>-</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Evelyn Morris Gideon Mo</u>		ADDRESS <u>-</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Arteriosclerotic</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic</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.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>State Indigestion caused death to give away at the time.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4211</u>	
19a. DATE OF OPERATION <u>now</u>		19b. MAJOR FINDINGS OF OPERATION <u>away at the time.</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>now</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Gideon MO, New Madrid, MO</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>now</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>now</u>		22. I hereby certify that I attended the deceased from <u>Dec 31, 1930</u> , to <u>Jan 7, 1951</u> , that I last saw the deceased alive on <u>Jan 1, 1951</u> , and that death occurred at <u>11:40 A.M.</u> from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Byron Sharp</u>		23b. ADDRESS <u>Gideon MO</u>	
23c. DATE SIGNED <u>Jan 7 1951</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Jan. 4. 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pine city</u>	
24d. LOCATION (City, town, or county) (State) <u>Holcomb, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Funeral Home Campbell, Mo</u>	
DATE REC'D BY LOCAL REG. <u>2-8-51</u>		REGISTRAR'S SIGNATURE <u>1215</u>	

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

RECEIVED

FEB 26 1951

DISTRICT HEALTH OFFICE No. 6

No. ....

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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 Christine M. Landess

Licensed Embalmer No. 4227

P. O. Address Campbell, Pa

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.