

FILED MAR 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5617

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 4409 Registrar's No. 26

0810
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <i>Phelps</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Phelps</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Newburg</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Newburg</i>	
c. LENGTH OF STAY (In this place) <i>Life</i>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <i>FLOYD</i> b. (Middle) <i>EDWARD</i> c. (Last) <i>SMITH</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Feb 27 1951</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Sept 26 1900</i>	9. AGE (In years last birthday) <i>50</i>	IF UNDER 1 YEAR Months Days	IF UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Phelps County Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>

13a. FATHER'S NAME <i>Peter Smith</i>	13b. MOTHER'S MAIDEN NAME <i>Dora Jane Pruett</i>	14. NAME OF HUSBAND OR WIFE <i>Ruth Ellen Smith</i>
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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) <i>No</i>	16. SOCIAL SECURITY NO. <i>499-05-0815</i>	17. INFIRMANT'S SIGNATURE OR NAME <i>Buby E. Atchison</i>	ADDRESS <i>St James Mo</i>
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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) <i>Cardio Thrombosis</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>no data</i> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4201	

19a. DATE OF OPERATION <i>None</i>	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) <i>No</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Tracks mo</i>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>Wed 8/30 m.</i>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>Fallen and free</i>
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22. I hereby certify that I attended the deceased from *Feb 6 1951*, to *Feb 27 1951*, that I last saw the deceased alive on *Feb 27 1951*, and that death occurred at *9:00 A.M.*, from the causes and on the date stated above.

23a. SIGNATURE <i>R. C. Brewer M.D.</i>	(Degree or title)	23b. ADDRESS <i>Newburg Mo</i>	23c. DATE SIGNED <i>Mar 1 1951</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Mar 2-1951</i>	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY <i>Trachs</i>	24d. LOCATION (City, town, or county) (State) <i>Newburg Mo</i>
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DATE REC'D BY LOCAL REG. <i>3-1-51</i>	REGISTRAR'S SIGNATURE <i>Dadme L. Stead</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Lee Johnson</i>	ADDRESS <i>Newburg Mo</i>
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RECEIVED

Phelps County Health Officer,

County File Number _____

Date Filed March 7, 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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Lee Johnson

Signed.....
Student Embalmer

Licensed Embalmer No. 3892

P. O. Address Newburg 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.