

FILED FEB 16 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6673

1003 State File No. 1085

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo.</i> b. COUNTY <i>Scott</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St Louis</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Chaffee</i> <i>1001</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>City Hospital</i>		d. STREET ADDRESS (If rural, give location) <i>209 W. Grey</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>Harrison</i> b. (Middle) <i>Alexander</i> c. (Last) <i>Smith</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Jan. 31, 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>May 1, 1889</i>
9. AGE (In years last birthday) <i>61</i>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Conductor</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Frisco R.R.</i>	11. BIRTHPLACE (State or foreign country) <i>Union Co Ill</i>
12. CITIZEN OF WHAT COUNTRY? <i>US</i>		13a. FATHER'S NAME <i>Harrison Smith</i>	
13b. MOTHER'S MAIDEN NAME <i>Jane</i>		14. NAME OF HUSBAND OR WIFE <i>Hettie Smith</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>✓</i>	
17. INFORMANT'S SIGNATURE OR NAME <i>Mrs. Hettie Smith</i>		ADDRESS <i>Chaffee Mo.</i>	

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, asthenia, 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) _____  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Coronary Thrombosis</i> 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 checked="" 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>4201</i>

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at *9:50 P* m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Catharine E Taylor Coroner</i>		23b. ADDRESS <i>1300 Clark</i>	23c. DATE SIGNED <i>2-3-51</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>2-3-51</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Union Park</i>	24d. LOCATION (City, town, or county) (State) <i>Chaffee Mo</i>
DATE REC'D BY LOCAL REG. <i>FEB 3 1951</i>	REGISTRAR'S SIGNATURE <i>J. B. Carter</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Bisplinghoff Funeral Home</i> ADDRESS <i>Chaffee Mo</i>	

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

2009

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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 \_\_\_\_\_

*Ronald O. Yalunke*

Licensed Embalmer No. 3917

P. O. Address OT Lewis 10

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.