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

BIRTH NO.		REG. DIST. NO. 157		PRIMARY REG. DIST. NO. 5588		Registrar's No. 72	
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived, institution; residence before admission) a. STATE Mo b. COUNTY Jasper			
b. CITY OR TOWN Sarcadie Twp		c. LENGTH OF STAY (in this place) 11 yr		c. CITY OR TOWN Rural (Sarcadie Twp)			
d. FULL NAME OF HOSPITAL OR INSTITUTION Rural Home				d. STREET ADDRESS (If rural, give location) R 7 Q I 0498			
3. NAME OF DECEASED (Type or Print) John M. Smith			a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 3-18-1951	
5. SEX Male		6. COLOR OR RACE wh		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 4-9-1866	
9. AGE (In years last birthday) 84		IF UNDER 1 YEAR Months		IF UNDER 2 HRS. Hours		IF UNDER 15 MIN. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Farmer			11. BIRTHPLACE (State or foreign country) Reeds City, Mich	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Peter Smith		13b. MOTHER'S MAIDEN NAME Miller		14. NAME OF HUSBAND OR WIFE Anna Smith	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Anna Smith Sarcadie Mo			
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					
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho pneumonia				INTERVAL BETWEEN ONSET AND DEATH 5 da	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Metastatic carcinoma of lungs DUE TO (c) Primary carcinoma of prostate				6 mo.	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility				1 yr	
						177x	
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) (Min)		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 March 16, 1951, to March 18, 1951, that I last saw the deceased alive on March 17, 1951, and that death occurred at 6: A. M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) J. K. Albane 2 M.O.				23b. ADDRESS Sarcadie Mo.		23c. DATE SIGNED 3/20/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-20-51		24c. NAME OF CEMETERY OR CREMATORY Sarcadie Cem		24d. LOCATION (City, town, or county) (State) Sarcadie Mo	
DATE REC'D BY LOCAL REG. 3-20-51		REGISTRAR'S SIGNATURE J. B. Clutter, M.D. 159		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jackson & Sons Sarcadie Mo			

RECEIVED 3-27-51
Jasper County Health Office

County File Number 51-3-262

MAR 24 1951

Date Filed 3-22-51

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 me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Wm K. Jackson

Licensed Embalmer No. 3954

P. O. Address Sarcastic 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.