

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9720

FILED APR 13 1951

BIRTH NO. _____ REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 6032 Registrar's No. 199

1. PLACE OF DEATH a. COUNTY <u>Ripley.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri.</u> b. COUNTY <u>Ripley.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Doniphan Rural-Doniphan.</u> c. LENGTH OF STAY (in this place) <u>1 1/2 years.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Doniphan Rural-Doniphan.</u> <u>0910</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8 miles North of Doniphan Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>8 miles North of Doniphan Mo.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Claud</u> b. (Middle) <u>Event</u> c. (Last) <u>Smith.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 11, 1951.</u>		
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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>April 3 1899.</u>	9. AGE (in years of last birthday) <u>51.</u> Months <u>11-</u> Days <u>8-</u> Hours <u>-</u> Min. <u>-</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture.</u>	11. BIRTHPLACE (State or foreign country) <u>Ripley County, Missouri.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John L. Smith.</u>	13b. MOTHER'S MAIDEN NAME <u>Rosie Rogers.</u>	14. NAME OF HUSBAND OR WIFE <u>Laura Smith.</u>
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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) <u>No.</u>	16. SOCIAL SECURITY NO. <u>525-01-9059</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Norma Simmons Doniphan</u> ADDRESS <u>Doniphan</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Neoplasm.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 years.</u>
	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.		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>193X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from December, 1950, to March 11, 1951, that I last saw the deceased alive on March 8, 1951, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Frank Johnson, M.D.</u>	23b. ADDRESS <u>Doniphan, Mo.</u>	23c. DATE SIGNED <u>3/12/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial.</u>	24b. DATE <u>March 13, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Ripley County, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>3-13-51</u>	REGISTRAR'S SIGNATURE <u>G. B. Johnston</u> <u>277</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ray Mearns.</u> ADDRESS <u>Doniphan, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0910

1967 67 700

RECEIVED

APR 12 1951

DISTRICT HEALTH OFFICE No. 6

Title No.

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 Ray Means

Signed.....

Student Embalmer

Licensed Embalmer No. 3743

P. O. Address Doniphan, 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.