

FILED APR 17 1951

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>6</u>		PRIMARY REG. DIST. NO. <u>3001</u>		Registrar's No. <u>10</u>		
1. PLACE OF DEATH a. COUNTY <u>AUDRAIN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>AUDRAIN</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>YANDALIA Mo.</u>		c. LENGTH OF STAY (in this place) <u>22 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>YANDALIA</u>		<u>0041</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>103 N Clark St.</u>				d. STREET ADDRESS (If rural, give location) <u>103 NORTH CLARK</u>				
3. NAME OF DECEASED (Type or Print) <u>REED JOHNSON SMITH</u>			a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH <u>4-5-51</u>		(Month) (Day) (Year)		5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED 1</u>		8. DATE OF BIRTH <u>8-15-1875</u>		9. AGE (in years last birthday) <u>75</u>		IF UNDER 1 YEAR Months Days <u>7 28</u>		
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>FARMER</u>		11. BIRTHPLACE (State or foreign country) <u>PIKE COUNTY, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>ELKANA J. SMITH</u>		13b. MOTHER'S MAIDEN NAME <u>MARTHA ANN MAIDEN</u>		14. NAME OF HUSBAND OR WIFE <u>JORA SMITH</u>				
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>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>ORVILLE SMITH</u> ADDRESS <u>VANDALIA, Mo.</u>				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Essential hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>generalized arteriosclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u> <u>6 months</u> <u>years</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		<u>331X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		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 <u>July 15, 1950</u> , to <u>April 5, 1951</u> , that I last saw the deceased alive on <u>April 5, 1951</u> , and that death occurred at <u>6:15 P.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Edwin P. Stone M.D.</u> (Degree or title)				23b. ADDRESS <u>Vandalia, Mo.</u>		23c. DATE SIGNED <u>4/7/51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-8-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Vandalia Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Vandalia Audrain Mo.</u>		
DATE REC'D BY LOCAL REG. <u>April 7 1951</u>		REGISTRAR'S SIGNATURE <u>Mallie Faguno</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Glenn Smith</u> ADDRESS <u>Vandalia, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: APR 12 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 4-51-717  
Date Filed: APR 12 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed James O. Mudd  
Licensed Embalmer No. 4152

P. O. Address Bowling Green, 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.