

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13081

State File No. \_\_\_\_\_

FILED APR 21 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 44

512

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

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Johnson Co. Mo.</u> <u>0510</u>	
c. LENGTH OF STAY (in this place) <u>30 Min.</u>		d. STREET ADDRESS (If rural, give location) <u>R.R.#5 Warrensburg, Missouri</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Warrensburg Medical Center</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Howard</u>	b. (Middle) <u>Estes</u>	c. (Last) <u>Smith</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 12, 1951</u>
-------------------------------------	--------------------------	--------------------------	------------------------	---

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>Jan. 19, 1896</u>	9. AGE (In years last birthday) <u>55</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
--------------------	-------------------------------	---	---------------------------------------	---	---	---------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanic</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Gargar Opp.</u>	11. BIRTHPLACE (State or foreign country) <u>Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	--	---	--

13a. FATHER'S NAME <u>Alva Smith</u>	13b. MOTHER'S MAIDEN NAME <u>Ora A. Reeder</u>	14. NAME OF HUSBAND OR WIFE <u>Viola Smith</u>
--------------------------------------	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> <u>W.W.#1</u>	16. SOCIAL SECURITY NO. <u>497-12-5735</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Viola Smith</u>	ADDRESS <u>Warrensburg, Mo.</u>
--	--	--	---------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</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 _____	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) <u>Warrensburg Johnson Mo.</u>
--	--	--

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 Oct, 1949, to 4-12, 1951, that I last saw the deceased alive on 4-12, 1951, and that death occurred at 7 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. Lee Cooper</u>	23b. ADDRESS <u>Warrensburg</u>	23c. DATE SIGNED <u>4-14-51</u>
---	---------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-15-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sun Set Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Warrensburg, Mo.</u>
---	--------------------------	---	---

DATE REC'D BY LOCAL REG. <u>April 14, 1951</u>	REGISTRAR'S SIGNATURE <u>Sarah M. Autbeloe</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Rainiger</u>	ADDRESS <u>Warrensburg, Mo.</u>
--	--	---	---------------------------------

RECEIVED  
APR 16 1951  
NEGATIVE  
JOHNSON COUNTY HEALTH DEPT.

MAY 2 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.....  
Student Embalmer

Signed: R. B. Svinger

Licensed Embalmer No. 3377

P. O. Address Warrensburg, 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.