

FILED JUN 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19183

240

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

BIRTH NO. _____		REG. DIST. NO. 347		PRIMARY REG. DIST. NO. 6168		Registrar's No. 27	
1. PLACE OF DEATH a. COUNTY Stone				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stone			
b. CITY OR TOWN Rural Lincoln		c. LENGTH OF STAY (In this place) life		c. CITY (If outside corporate limits, write RURAL and give township) Rural Lincoln		1040	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) Galena Mo.			
3. NAME OF DECEASED (Type or Print)		a. (First) Ernest		b. (Middle) R		c. (Last) Smith	
4. DATE OF DEATH		(Month) May		(Day) 3		(Year) 1951	
5. SEX M		6. COLOR OR RACE wh		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 2		8. DATE OF BIRTH March 6 1873	
9. AGE (In years last birthday) 78		UNDER 1 YEAR Months		1 YEAR Days		IF UNDER 24 Hrs. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) New York		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Samuel Smith		13b. MOTHER'S MAIDEN NAME Emma A. Agedorn		14. NAME OF HUSBAND OR WIFE Mrs. E. L. Barclay Sprinkel			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. E. L. Barclay Sprinkel			
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) Cardiac Insufficiency ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) High Blood Pressure DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH about 1 1/2	
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) Galena		(COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 May 3, 1951, at death, that I last saw the deceased give on _____, 19____, and that death occurred at 10:45 p.m., from the causes and on the date stated above.							
23a. SIGNATURE Eubett J. Cheatham 3 (Degree or title) Coroner				23b. ADDRESS Galena, Mo.		23c. DATE SIGNED May 4-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 5-51		24c. NAME OF CEMETERY OR CREMATORY Galena Cemetery		24d. LOCATION (City, town, or county) Galena, Missouri (State)	
DATE REC'D BY LOCAL REG. May 7-51		REGISTRAR'S SIGNATURE Mrs. J. Elmer Brown		317		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Eubett J. Cheatham Galena Mo.	

(Licensed Embalmer's Statement on Reverse Side)
per Lena Murray

DIVISION OF HEALTH OF MD.
District No. 5 - Springfield

RECEIVED MAY 31 1951

Dist. File 557-9232

Date Filed 5-31-51

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed *Everett J. Cheatham*

Licensed Embalmer No. 3870

P. O. Address *Galena Md*

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.