

FILED SEP 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH 5896

State File No. 30985

BIRTH NO. _____ REG. DIST. NO. 264 PRIMARY REG. DIST. NO. 5885 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY Ozark		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ozark	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wasola, R, Noble		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wasola, Harle, Noble 0770	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) Alvie	b. (Middle)	c. (Last) Smedley	4. DATE OF DEATH (Month) (Day) (Year) 9-7-51
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1-3-78	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY Own farm	11. BIRTHPLACE (State or foreign country) Illinois	12. COUNTRY OF WHAT CITIZEN? USA
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13a. FATHER'S NAME S. Smedley	13b. MOTHER'S MAIDEN NAME Margaret Ann Thornley	14. NAME OF HUSBAND OR WIFE Roberta Smedley
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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) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE & NAME ADDRESS Arthur Smedley Independence, Mo
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation with edema		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Nephropatia		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	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 May 25, 1948 to 9-7, 1951, that I last saw the deceased alive on 9-5, 1951, and that death occurred at 3:30 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M. J. Freeman MD	23b. ADDRESS Gainesville, Mo	23c. DATE SIGNED 9-8-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-9-51	24c. NAME OF CEMETERY OR CREMATORY Wasola	24d. LOCATION (City, town, or county) (State) Wasola, Missouri
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DATE REC'D BY LOCAL REG. 9/13/51	REGISTRAR'S SIGNATURE Thana Mahan 243	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clinkingbeard Funeral Home, Ava, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

RECEIVED SEP 17 1951
Dist. File 927-1622
Date Filed 9-12-51

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Charles R. Fish.....

Licensed Embalmer No. 4662.....

P. O. Address Ava, 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.