

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

4175

0143  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. <u>Lo 54</u>		REG. DIST. NO. <u>47</u>	PRIMARY REG. DIST. NO. <u>3008</u>	Registrar's No. <u>71</u>
1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>?Fulton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton</u> <u>0140</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Callaway Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>RFD 1</u>		
3. NAME OF DECEASED a. (First) <u>Wm.</u> b. (Middle) <u>Paul</u> c. (Last) <u>Smart</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 22, 1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Feb. 22, 1952</u>	9. AGE (In years last birthday) <u>6</u> IF UNDER 1 YEAR Months Days IF UNDER 12 MOS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Fulton, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Chas. H. Smart</u>		13b. MOTHER'S MAIDEN NAME <u>Lois C. Ross</u>	14. NAME OF HUSBAND OR WIFE <u>None</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>no</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Chas. H. Smart Fulton, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature (7 months gestation)</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.		INTERVAL BETWEEN ONSET AND DEATH <u>6 hours</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION: <u>776x</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) _____		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>2/22, 1952</u> , to <u>2/22, 1952</u> , that I last saw the deceased alive on <u>2/22, 1952</u> , and that death occurred at <u>6:50 a.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Henry D. Smith, M.D.</u>		23b. ADDRESS <u>Fulton, Mo.</u>		23c. DATE SIGNED <u>2/24/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 23/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hillcrest</u>	24d. LOCATION (City, town, or county) (State) <u>Fulton Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Feb 29-1952</u>	REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Maupin Funeral Home Fulton Mo.</u>		

**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

*Not Embalmed*  
Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.