

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6209

State File No.

1338

FILED MAR 5 1952

318

1003

Registrar's No.

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN				b. COUNTY			
c. LENGTH OF STAY (in this place)				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH		5. AGE (In years last birthday)	
a. (First)		b. (Middle)		c. (Last)		6. (Month) (Day) (Year)	
7. SEX		8. COLOR OR RACE		9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED		10. DATE OF BIRTH	
11. M		12. White		13. Married		14. Jan. 14, 1908	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
15. Retired Fireman & Ele. Contractor				16. Ele. Contractor		17. Ft. Smith, Ark. /	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE			
18. Oral Baker		19. Mary Ingle		20. Ruby			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS			
21. No		22. None		23. Ruby Baker, 903 S. 14th, Ft. Smith, Ark.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)				24. Myocardial infarction			
25. ANTECEDENT CAUSES				26. Arteriosclerotic Heart Disease			
27. II. OTHER SIGNIFICANT CONDITIONS				28. 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?	
29. YES <input checked="" type="checkbox"/> NO <input 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 1-31-52, 1952, to 2-9-52, 1952, that I last saw the deceased alive on 2-9-52, 1952, and that death occurred at 11:40 P.M., from the causes and on the date stated above.		23a. SIGNATURE (Degree or title)		23b. ADDRESS		23c. DATE SIGNED	
24. Kathleen Smith, M.D.		24. BARNES HOSPITAL		25. 2/10/52		24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)		24e. Removal	
24b. 2-10-52		24c. Oak		24d. Ft. Smith, Ark.		DATE REC'D BY LOCAL REG.	
24b. FEB 11 1952		24c. Registrar's Signature		24d. Albert H. Hoppe, 4700 Washington Blvd.		24e. 2/13 (Licensed Embalmer's Statement on Reverse Side)	

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

JAN 13 1954

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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 Me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Elton H. Pennington

Licensed Embalmer No. 4283

P. O. Address St. Louis, 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.