

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1000

o. 300
o. 48

FILED MAR 13 1952

BIRTH NO. _____ REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 6112 Registrar's No. 8

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

1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>SCOTT</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CHAFFEE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CHAFFEE 1000</u>	
c. LENGTH OF STAY (In this place) <u>44 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>RFD #2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RFD #2</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>BUY GRANDELL</u> b. (Middle) <u>SMITH</u> c. (Last) <u>SMITH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 25 1952</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>SEPT. 12 1894</u>	9. AGE (In years last birthday) <u>57</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>13</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FOREMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SHOE FACTORY COMMERCE</u>		11. BIRTHPLACE (State or foreign country) <u>MO</u>	
13a. FATHER'S NAME <u>WESLEY SMITH</u>				13b. MOTHER'S MAIDEN NAME <u>INEZ CHILDRESS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>1918</u>				16. SOCIAL SECURITY NO. <u>49-16-0267</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Buy Smith - Chaffee RFD #2</u>					

14. NAME OF HUSBAND OR WIFE <u>ELIZA SMITH</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>1918</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>RESPIRATORY PARALYSIS</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 min.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>COMPLETE CARDIAC DECOMPENSATION 1 Wk</u> DUE TO (c) <u>CA RIGHT COLON</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>3 YRS</u>			

19a. DATE OF OPERATION <u>NONE</u>		19b. MAJOR FINDINGS OF OPERATION <u>NONE</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NATURAL</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) <u>NONE</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>NONE</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>NONE</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>NONE</u>	

22. I hereby certify that I attended the deceased from JAN 23, 1952 to JAN 25 1952 that I last saw the deceased alive on JAN 24, 1952, and that death occurred at 4:20 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. J. Mosbach, D.O.</u>		23b. ADDRESS <u>CHAFFEE, MO.</u>		23c. DATE SIGNED <u>JAN 28, 1952</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-27-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>UNION PARK CEM. CHAFFEE MO.</u>	
24d. LOCATION (City, town, or county) (State) <u>CHAFFEE MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mrs. Fred Repling Log</u>			
DATE REC'D BY LOCAL REG. <u>Feb. 27 52</u>		REGISTRAR'S SIGNATURE <u>445-1</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mrs. Ruth Chaffee Mo.</u>	

MISSOURI STATE

RECEIVED FEB 29 1952
SCOTT COUNTY HEALTH CENTER

CO. FILE NO: 252-64

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 *C. J. Loberg*
Licensed Embalmer No. *3810*

P. O. Address *Cape Girardeau, 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.