

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7247

State File No. ....

FILED MAR 24 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mexico</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mexico, M</u> <u>0043</u>	
c. LENGTH OF STAY (in this place) <u>1 month</u>		d. STREET ADDRESS (If rural, give location) <u>721 Baker St.</u> <u>0</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>721 Basker St.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Hollis</u> b. (Middle) <u>Eugene</u> c. (Last) <u>Smith</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 19, 1952</u>
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5. SEX <u>Male</u> <u>0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar. 16, 1899</u>	9. AGE (In years last birthday) <u>53</u>	IF UNDER 1 YEAR Months   Days	IF UNDER 4 HRS. Hours   Mins.
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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>Septic plant</u>	11. BIRTHPLACE (State or foreign country) <u>Monroe County, Mo.</u> <u>0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>James H. Smith</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Galbert</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Smith</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>487-10-2873</u>	17. INFORMANT'S SIGNATURE AND ADDRESS <u>Mrs. Mary Smith, Mexico, Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>home</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>died very sudden in his home</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>unattended by a physician</u> DUE TO (c) <u>No evidence of violence or foul play to jury. Probably a heart condition.</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"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>murder</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>Mexico Audrain Mo.</u>
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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>4343</u>
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22. I hereby certify that I attended the deceased from Crown Case, 1952, that I last saw the deceased alive on March, 1952, and that death occurred at 6 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>S. C. Adams M.D. Crown</u> (Degree or title)	23b. ADDRESS <u>Mexico, Mo. #1</u>	23c. DATE SIGNED <u>3-19-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar. 21, 58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Liberty</u>	24d. LOCATION (City, town, or county) (State) <u>Audrain County, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Mar 21-1952</u>	REGISTRAR'S SIGNATURE <u>Blanche Neely</u>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Earl E. Chiles, Mexico, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

**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

*Ralph L. Heeston Jr.*

Licensed Embalmer No. 4687

P. O. Address Mexico, 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.