

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5942 State File No. 17486

FILED MAY 29 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 225 PRIMARY REG. DIST. NO. 305 Registrar's No. 92

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Rolla		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Rolla Township	
d. FULL NAME OF HOSPITAL OR INSTITUTION Edgar Springs Star Route		d. STREET ADDRESS (If rural, give location) Edgar Springs Star Route	

3. NAME OF DECEASED (Type or Print) a. (First) FRED b. (Middle) ERNEST c. (Last) SMITH			4. DATE OF DEATH (Month) (Day) (Year) May 16 1952		
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5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 26, 1890		9. AGE (In years last birthday) 61		IF UNDER 1 YEAR Months Days		IF UNDER 1 HR. Hours 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 Farming			11. BIRTHPLACE (State or foreign country) Licking, Texas Co., Missouri			12. CITIZEN OF WHAT COUNTRY? USA		
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13a. FATHER'S NAME James A. Smith			13b. MOTHER'S MAIDEN NAME Sarah Gann			14. NAME OF HUSBAND OR WIFE Bessie Smith		
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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. No		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. Bessie Smith, Rolla, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion						INTERVAL BETWEEN ONSET AND DEATH 3 hrs	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Malnutrition						1 yr unknown	
		II. OTHER SIGNIFICANT CONDITIONS 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? 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) m.		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 16, 1952, to May 16, 1952, that I last saw the deceased alive on May 16, 1952, and that death occurred at 5 P. m., from the causes and on the date stated above.

23a. SIGNATURE Owen M. Hughes (Degree or title) M.D.		23b. ADDRESS Rolla, Mo.		23c. DATE SIGNED 5/19/52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 19 May 1952		24c. NAME OF CEMETERY OR CREMATORY Rolla Cemetery		24d. LOCATION (City, town, or county) (State) Rolla, Phelps Mo.	
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DATE REC'D BY LOCAL REG. May 19, 1952		REGISTRAR'S SIGNATURE Nadine L. Stoll		340-0		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Paul E. Gull Rolla, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

County Health Officer,  
Certificate Number \_\_\_\_\_  
Date Filed 5-28-52

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 Paul E. Gull

Licensed Embalmer No. 4498

P. O. Address Rolla, 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.