

FILED JUL 14 1952

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 20170

BIRTH NO. 41647 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 621

0396

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

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>	
c. LENGTH OF STAY (In this place) <u>1 day</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Springfield Bapt. Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>2406 N. Grant Avenue</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Garry</u>	b. (Middle) <u>Clyde</u>	c. (Last) <u>Smith</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 9, 1952</u>
--	--------------------------	------------------------	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>8 July 1952</u>	9. AGE (In years last birthday) <u>0</u>	# UNDER 1 YEAR <u>0</u>	1 YEAR <u>1</u>	# UNDER 15 Mts. <u>0</u>
--------------------	-------------------------------	---	-------------------------------------	--	-------------------------	-----------------	--------------------------

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>Springfield, Missouri</u>	12. COUNTRY OF WHAT COUNTRY? <u>U.S.A.</u>
---	---	---	--

13a. FATHER'S NAME <u>Clyde E. Smith</u>	13b. MOTHER'S MAIDEN NAME <u>Evelyn McCullough</u>	14. NAME OF HUSBAND OR WIFE <u>----</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>none</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Clyde E. Smith, 2406 N. Grant Ave., Springfield, 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital atelectasis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>23 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>None</u> DUE TO (c) <u>None</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>None</u>	20. AUTOPSY? 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) (m.)	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 7-8-1952, to 7-9-1952, that I last saw the deceased alive on 7-9-1952, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Raymond C. Conrad, M.D.</u>	(Degree or title)	23b. ADDRESS <u>Springfield, Mo.</u>	23c. DATE SIGNED <u>7-9-52</u>
---	-------------------	--------------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10 July 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hickory Grove</u>	24d. LOCATION (City, town, or county) (State) <u>Folk County, Missouri</u>
---	-------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>7-10-52</u>	REGISTRAR'S SIGNATURE <u>Edith Buchanan</u>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Benjamin W. Kelly, Fred C. Thomas, Springfield, Missouri</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 _____

Was not arterially Embalmed.

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Ralph H. Thieme*

Licensed Embalmer No. 3681

P. O. Address Springfield, Missouri.

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.