

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20307

FILED JUL 7 1952

BIRTH NO. _____		REG. DIST. NO. 141		PRIMARY REG. DIST. NO. 5551		Registrar's No. 26	
1. PLACE OF DEATH a. COUNTY <i>Howe</i>				2. USUAL RESIDENCE (Where deceased lived) If institution: residence before admission. a. STATE <i>Missouri</i> b. COUNTY <i>Howe</i>			
b. CITY OR TOWN <i>West Plains</i>		c. LENGTH OF STAY (in this place) <i>1 year</i>		c. CITY OR TOWN <i>West Plains 0460</i>		d. STREET ADDRESS <i>Rt 2</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>KARNAL</i>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED a. (First) <i>Alwyn C.</i> (Type or Print)			b. (Middle)			c. (Last) <i>Smith</i>	
4. DATE OF DEATH (Month) (Day) (Year) <i>6/10-52</i>		5. SEX <i>M</i>		6. COLOR OR RACE <i>W</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>W</i>	
8. DATE OF BIRTH <i>3-26-1865</i>		9. AGE (In years, last birthday) <i>87 2 1/4</i>		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <i>Farmer</i>		11. BIRTHPLACE (State or foreign country) <i>Warren Co. Mo</i>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <i>FARMING</i>		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13a. FATHER'S NAME <i>A. Smith</i>		13b. MOTHER'S MAIDEN NAME <i>Orpah Baxter</i>		13c. NAME OF HUSBAND OR WIFE <i>Charles Smith</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, state war or dates of service) <i>Yes</i>		16. SOCIAL SECURITY NO. <i>42-12-52</i>		17. INFORMANT'S SIGNATURE OR NAME <i>C. A. Smith</i> ADDRESS <i>West Plains Mo</i>			
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 <i>Chronic myocarditis & Arteriosclerosis</i> II. OTHER SIGNIFICANT CONDITIONS <i>Senile Dementia</i> <i>Decubitus Ulcers on Hips & Back</i>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4221	
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) (Minute)		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 <i>7 May 1952</i> to <i>10 June 1952</i> , that I last saw the deceased alive on <i>June 2, 1952</i> , and that death occurred at <i>10</i> m., from the causes and on the date stated above.							
23a. SIGNATURE <i>Beulah D. Smith</i> (Deceased or title)				23b. ADDRESS <i>West Plains, Mo</i>		23c. DATE SIGNED <i>JUN 18 1952</i>	
24a. BURIAL, CREMATION, BURIAL (Specify)		24b. DATE <i>6/12-52</i>		24c. NAME OF CEMETERY OR CREMATORY <i>New Hope</i>		24d. LOCATION (City, town, or county) (State) <i>Howe Valley Mo</i>	
DATE REC'D BY LOCAL REG. <i>7-1-52</i>		REGISTRAR'S SIGNATURE <i>Beatrice Cook</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Robertson</i>		ADDRESS <i>West Plains Mo</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

D. S. Roberts

Licensed Embalmer No. *3437*

P. O. Address *West Hill*

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.