

No. 300  
V. 10.48

FILED JUN 17 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 21304  
Registrar's No. 9

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 247 PRIMARY REG. DIST. NO. 5830

1. PLACE OF DEATH a. COUNTY <b>NEW MADRID</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Arkansas</b> b. COUNTY <b>Craighead</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Jonesboro</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Highway 40 - West</b>		d. STREET ADDRESS (If rural, give location) <b>1409 W. Matthews</b>	
3. NAME OF DECEASED a. (First) <b>Frank</b> b. (Middle) <b>Edward</b> c. (Last) <b>Smith</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>4-21-1952</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>June 12, 1933</b>
9. AGE (In years last birthday) <b>18</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Student</b>	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) <b>Jonesboro, Arkansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Dewey Smith</b>		13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE <b>None</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Dewey Smith Jonesboro Arkansas</b> ADDRESS
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Fractured Skull</b> INTERVAL BETWEEN ONSET AND DEATH <b>1</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, hotel, etc.) <b>Highway 60th</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>New Madrid Mo.</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>4/21/52/1030 am</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Car &amp; Truck accident</b>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Print or title) <b>Gene Piley D. Sheriff</b>		23b. ADDRESS <b>New Madrid, Co. Mo.</b>	23c. DATE SIGNED <b>5-27-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>4-23-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>DAK LAWN</b>	24d. LOCATION (City, town, or county) (State) <b>JONESBORO ARK</b>
DATE REC'D BY LOCAL REG. <b>6/16-52</b>	REGISTRAR'S SIGNATURE <b>Thomas H. Shetter</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Welsh Funeral Home - Linton Mo.</b> ADDRESS	

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

2011 11 1982

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Raymond Crews*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3467

P. O. Address Sikeston 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.