

MAILED JUL 29 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24323

State File No.

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 5551 Registrar's No. 32

460
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

| | | | |
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| 1. PLACE OF DEATH a. COUNTY <u>Co. Home Howell</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Howell</u> | |
| b. CITY (If outside corporate limits write RURAL and give township) <u>West Plains</u> | | c. CITY (If outside corporate limits write RURAL and give township) <u>West Plains</u> | |
| c. LENGTH OF STAY (in this place) <u>14 years</u> | | d. STREET ADDRESS (If rural, give location) <u>0</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural</u> | | | |

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|---|---------------------------|--|---|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Lowel Smith</u> b. (Middle) _____ c. (Last) _____ | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 15</u> <u>52</u> | | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>do</u> | 8. DATE OF BIRTH <u>unk</u> | 9. AGE (In years last birthday) <u>38</u> | IF UNDER 1 YEAR: Months _____ Days _____ |
| 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 _____ | | 11. BIRTHPLACE (State or foreign country) <u>9</u> | 12. CITIZEN OF WHAT COUNTRY? <u>Howell</u> |

| | | |
|-------------------------------|--------------------------------------|-----------------------------------|
| 13a. FATHER'S NAME <u>unk</u> | 13b. MOTHER'S MAIDEN NAME <u>unk</u> | 14. NAME OF HUSBAND OR WIFE _____ |
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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) _____ | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME <u>Elmer Hix Co. Farm Overseer</u> ADDRESS _____ |
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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 |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Labor Pneumonia</u> | | |
| | 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. <u>Patient mentally incompetent</u> | | | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION <u>490X</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____ | 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 July 14, 52, to July 15, 52, that I last saw the deceased alive on July 14, 52, and that death occurred at _____ m., from the causes and on the date stated above.

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|--|--------------------------------------|-------------------------------------|
| 23a. SIGNATURE <u>Beatrice Cook M.D.</u> (Degree or title) | 23b. ADDRESS <u>West Plains, Mo.</u> | 23c. DATE SIGNED <u>JUL 21 1952</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u> | 24b. DATE <u>7-16-52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>County</u> | 24d. LOCATION (City, town, or county) (State) <u>West Plains rural</u> |
|--|--------------------------|--|--|

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| DATE REC'D BY LOCAL REG. <u>7-21-52</u> | REGISTRAR'S SIGNATURE <u>Beatrice Cook</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>none</u> ADDRESS _____ |
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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.

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.