

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31167

State File No.

FILED OCT 15 1952

BIRTH NO. REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 3018 Registrar's No. 77

331
0

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

1. PLACE OF DEATH a. COUNTY <u>Dent</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>alem</u>		c. LENGTH OF STAY (If this place) <u>yr's</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salem</u>		<u>0331</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hart's Clinic</u>			d. STREET ADDRESS (If rural, give location) <u>XX</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>John Henry</u> b. (Middle) <u>Smith</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>10/7/52</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 24 1871</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Dent Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U</u>	
13a. FATHER'S NAME <u>Thos H Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Matilda Morgan</u>		14. NAME OF HUSBAND OR WIFE <u>Josephine Yankee</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>X</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Tom Smith</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiovascular Renal Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cystitis</u> DUE TO (c) <u>Disphagia</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>4 months</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>none</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) <u>481X</u>			
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 <u>Sept 25, 1952</u> , to <u>Oct 7, 1952</u> that I last saw the deceased alive on <u>Oct 7, 1952</u> and that death occurred at <u>2 P</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>D. Y. Dillon</u>			23b. ADDRESS <u>Salem Mo</u>		23c. DATE SIGNED <u>10-10-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>10/9/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Empire Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Gladden Mo</u>		
DATE REC'D BY LOCAL REG. <u>10-10-52</u>	REGISTRAR'S SIGNATURE <u>M. M. Hart</u>		25. JOURNAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		

NOV 8 1 1952

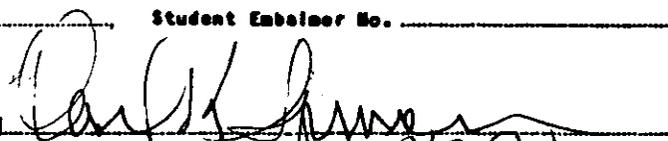
STATEMENT BY LICENSED EMBALMER

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  _____

Licensed Embalmer No. 9370

P. O. Address Wilmington, N.C.

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.