.S. No. 300
ev. 10-48

FILED OCT 27 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34434

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4097 Registrar's No. 156

0191 0

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

1. PLACE OF DEATH
a. COUNTY: Cass
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Harrisonville
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cass
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Garden City 0190 0
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): JACOB
b. (Middle): P.
c. (Last): Smith

4. DATE OF DEATH (Month) (Day) (Year): Oct. 18 - 1952

5. SEX: M P
6. COLOR OR RACE: Wh.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 2 - 1871
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months 11, Days 2 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Hickory Co. Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Jacob P. Smith
13b. MOTHER'S MAIDEN NAME: Barbara Yoder
14. NAME OF HUSBAND OR WIFE: Ida Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs Ida Smith — ADDRESS: Garden City Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of Prostate — INTERVAL BETWEEN ONSET AND DEATH: Not known

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.: arteriosclerosis generalized

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 177X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 17, 1952, *to* Oct 18, 1952, *that I last saw the deceased alive on* Oct 18, 1952, *and that death occurred at* 1.03P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Coburn Ellis M.D.
23b. ADDRESS: Garden City Mo
23c. DATE SIGNED: Oct 20, 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 21-1952
24c. NAME OF CEMETERY OR CREMATORY: Clearfork, Cem
24d. LOCATION (City, town, or county) (State): East Lynne, Mo.

DATE REC'D BY LOCAL REG.: Oct. 21, 1952
REGISTRAR'S SIGNATURE: Dora Barnard 451-0
25. FUNERAL DIRECTOR'S SIGNATURE: A. D. Hartzler — ADDRESS: East Lynne, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
OCT 25
CASS COUNTY
HEALTH DEPARTMENT

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 G. D. Warzler

Licensed Embalmer No. 2717

P. O. Address East Lynne 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.