

FILED JAN 5 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 41410

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 476

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Sullivan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kirksville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Winigan</u>	
c. LENGTH OF STAY (In this place) <u>83 days</u>		d. STREET ADDRESS (If rural, give location) <u>NO STREET ADDRESS!</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Grinn Smith Mem. Hosp</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Washington</u> c. (Last) <u>Smith</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 29 1952</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>MAY 7, 1873</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 WKS. Hours _____ Min. _____
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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>GEN. FARMING</u>	11. BIRTHPLACE (State or foreign country) <u>ILLINOIS</u>	12. CITIZENSHIP OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>John L. Smith</u>	13b. MOTHER'S MAIDEN NAME <u>ANN E. CLAPP</u>	14. NAME OF HUSBAND OR WIFE <u>NEVER MARRIED</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. CHARLES SMITH, WINIGAN, MO.</u>
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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, asphyxia, 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>Uremia</u>		<u>10 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma prostate</u> DUE TO (c) <u>Carcinoma of face</u>		<u>1 yr.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>2 yrs.</u>

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>177X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 10-17-52 to 12-29-52 that I last saw the deceased alive on 12-29-52, and that death occurred at 10:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>George E. Grinn MD</u>	23b. ADDRESS <u>Kirksville MO.</u>	23c. DATE SIGNED <u>12/30/52</u>
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24a. BURIAL OR CREMATION REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>DEC. 31, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>PRICE CEMETERY LINN COUNTY, MO.</u>	24d. LOCATION (City, town, or county) (State) <u>Lincoln County, MO.</u>
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DATE REC'D BY LOCAL REG. <u>12-31-52</u>	REGISTRAR'S SIGNATURE <u>Walter Lambert 1-0</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Glenn E. Kent &amp; Son, Green City, Mo.</u>
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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 Karl R. Kent

Licensed Embalmer No. 4689

P. O. Address Green City, 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.