

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 31 1953

BIRTH NO.		REG. DIST. NO. <b>47</b>	PRIMARY REG. DIST. NO. <b>3008</b>	Registrar's No. <b>42</b>
1. PLACE OF DEATH a. COUNTY <b>Callaway</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Boone</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Fulton</b>		c. LENGTH OF STAY (In this place) <b>4 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Cedar 0100</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1211 Westminster Ave</b>		d. STREET ADDRESS (If rural, give location) <b>Hartsburg P.E.D. 1</b>		
3. NAME OF DECEASED (First) <b>John</b>		b. (Middle) <b>Henry</b>		c. (Last) <b>Smith</b>
4. DATE OF DEATH (Month) <b>Jan</b> (Day) <b>25</b> (Year) <b>1953</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>Feb 25-1868</b>	
9. AGE (In years last birthday) <b>84</b>		IF UNDER 1 YEAR Months <b>11</b> Days <b>0</b>		IF UNDER 24 HRS. Hours <b></b> Mins. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farm Labor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>				
13a. FATHER'S NAME <b>Tom Smith</b>		13b. MOTHER'S MAIDEN NAME <b>Mary</b>		14. NAME OF HUSBAND OR WIFE <b></b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>		16. SOCIAL SECURITY NO. <b>4-221-</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Fred Schoof, Fulton, Mo.</b> ADDRESS <b></b>
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>myocarditis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arterio sclerosis</b> DUE TO (c) <b>4-221-</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Paralysis of cerebral meninges duration</b>		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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 <b>Jan 22, 1953</b> to <b>Jan 25, 1953</b> , that I last saw the deceased alive on <b>Jan 22, 1953</b> , and that death occurred at <b>9:30 A.M.</b> , from the causes and on the date stated above.				
23a. SIGNATURE <b>[Signature]</b> (Degree or title)		23b. ADDRESS <b>Fulton, Mo.</b>		23c. DATE SIGNED <b>1-26-53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Jan. 27, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Lochen Cemetery, Wilton</b>
24d. LOCATION (City, town, or county) (State) <b>Wilton, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. L. Bennett</b> ADDRESS <b>Ashtland, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>Jan. 26, 1953</b>		REGISTRAR'S SIGNATURE <b>Martha Lawrence</b> <b>42 B-1</b>		

WRITE PLAINLY—USING UNFADEING 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 *W<sup>m</sup> C. Burnett* \_\_\_\_\_

Licensed Embalmer No. *3564* \_\_\_\_\_

P. O. Address *Roseland 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.