

FILED FEB 11 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2448

BIRTH NO. 43696 REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5902 Registrar's No. 13

780
1

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

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural. Hayti</u>	c. LENGTH OF STAY (In this place) <u>6 mos 20 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hayti</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Kenneth</u> b. (Middle) <u>L.</u> c. (Last) <u>Smith</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 3, 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	8. DATE OF BIRTH <u>7-13-1952</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Hayti - MO</u>
			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Macon Smith</u>	13b. MOTHER'S MAIDEN NAME <u>Barbara Smith</u>	14. NAME OF HUSBAND OR WIFE
--	---	-----------------------------

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. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME <u>Amel M. Smith, Hayti - MO</u>	ADDRESS <u>490X</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia, bilateral lobes</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>-</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) <u>Hayti</u> (COUNTY) <u>Pemiscot</u> (STATE) <u>MO</u>
---	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>medical accident</u>
--	---	---

22. I hereby certify that I attended the deceased from Feb. 20, 1953, to Feb 3, 1953, that I last saw the deceased alive on Feb 3, 1953, and that death occurred at 11 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Franklin A. ...</u>	23b. ADDRESS <u>490X</u>	23c. DATE SIGNED <u>3 Feb 1953</u>
--	-----------------------------	---------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-4-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. John</u>	24d. LOCATION (City, town, or county) <u>Josco</u>
--	----------------------------	---	---

DATE REC'D BY LOCAL REG. <u>2-5-53</u>	REGISTRAR'S SIGNATURE <u>John St. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>... Smith</u>	ADDRESS <u>Hayti - MO</u>
---	--	--	------------------------------

2-47-5B

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 70
CARUTHERSVILLE, MO.

3961 1953

FEB 9 - 1953

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. J. Smith
Licensed Embalmer No. 4428

P. O. Address Sikeston, 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.