

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5596**

WILLED FEB 16 1953

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 55

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

1. PLACE OF DEATH a. COUNTY Henry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Henry c. CITY OR TOWN Miss			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton Mo		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Urich		d. STREET ADDRESS (If rural, give location) Near Lucas Store	
d. FULL NAME OF HOSPITAL OR INSTITUTION Clinton General Hospital				4. DATE OF DEATH (Month) (Day) (Year) 2 9 1953			
3. NAME OF DECEASED (Type or Print) a. (First) Ulysses		b. (Middle) GRANT		c. (Last) SMITH		5. SEX Male	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH 12 18 1864		9. AGE (In years last birthday) 88 IF UNDER 1 YEAR: Months 2 Days 21 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 grain		11. BIRTHPLACE (City and State or Foreign Country) Ill.		12. CITIZEN OF WHAT COUNTRY? USA.	
13a. FATHER'S NAME Charlie Moise Smith			13b. MOTHER'S MAIDEN NAME Elizabeth Norton			14. NAME OF HUSBAND OR WIFE "	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) "		16. SOCIAL SECURITY NO. "		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hobart Smith Oklahoma City Okla			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 7 da			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia				DUE TO (b) _____			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 481X							
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)		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 2-1, 1953, to 2-8, 1953 , that I last saw the deceased alive on 2-7, 1953 , and that death occurred at 1220 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Ed Walker				23b. ADDRESS Clinton Mo		23c. DATE SIGNED 2-9-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 2 11 53		24c. NAME OF CEMETERY OR CREMATORY Mullens Cemetery		24d. LOCATION (City, town, or county) (State) Urich Missouri Mo	
DATE REC'D BY LOCAL REG. Feb. 9-53		REGISTRAR'S SIGNATURE Florence Adair		25. FUNERAL DIRECTOR'S SIGNATURE Ed Walker		ADDRESS Clinton	

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. 2478

working under my personal supervision.

Student
Student Embalmer

Signed Fred Wilkerson

Licensed Embalmer No. 2478

P. O. Address Clinton, 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.