

STANDARD CERTIFICATE OF DEATH

10540

State File No.

V. 10-48

FILED MAR 21 1953

BIRTH NO. _____		REG. DIST. NO. <u>195</u>		PRIMARY REG. DIST. NO. <u>5706</u>		Registrar's No. <u>25</u>		
1. PLACE OF DEATH a. COUNTY <u>MACDONALD</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> COUNTY <u>MACDONALD</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ANDERSON (R)</u>		c. LENGTH OF STAY (In this place) <u>15 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ANDERSON-RURAL</u>		d. STREET ADDRESS (If rural, give location) <u>0600</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u>								
3. NAME OF DECEASED (Type or Print) a. (First) <u>CADELY-</u> b. (Middle) <u>BERT-</u> c. (Last) <u>SMITH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-3-1953</u>					
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>		8. DATE OF BIRTH <u>9-14-1884</u>		9. AGE (In years last birthday) <u>68</u> (If under 1 year) <u>4</u> (If under 12 mos.) <u>19</u>		
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>RAME</u>		11. BIRTHPLACE (State or foreign country) <u>JEWEL CITY-TA.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>W.F. SMITH.</u>			13b. MOTHER'S MAIDEN NAME <u>SARAH J. EVERETT</u>		14. NAME OF HUSBAND OR WIFE <u>ROSALIE SMITH</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>ROSALIE SMITH-ANDERSON-MO</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES <u>Hypertensive Heart Disease</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senile Dementia</u>					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>443X</u>					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)		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 <u>2-10</u> , 19 <u>50</u> , to <u>2-3</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>1-26</u> , 19 <u>53</u> , and that death occurred at <u>7:00 P</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>R. E. Normack, M.D.</u>				23b. ADDRESS <u>Southwest City, Mo</u>		23c. DATE SIGNED <u>3-13-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2-1-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ANDERSON</u>		24d. LOCATION (City, town, or county) (State) <u>ANDERSON-MO</u>		
DATE REC'D BY LOCAL REG. <u>3-14-53</u>		REGISTRAR'S SIGNATURE <u>Wayne Humphrey</u>		423- 25. FUNERAL DIRECTOR'S SIGNATURE <u>D. M. Humphrey</u>		ADDRESS <u>Parisville, Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

600
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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 J. M. Humphrey Jr.
.....

Licensed Embalmer No. 4708

P. O. Address Noel 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.