

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED MAR 31 1953

BIRTH NO. _____ REG. DIST. NO. 356 PRIMARY REG. DIST. NO. 6207 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Texas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Texas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Lynch</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Lynch</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>1070</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>WILLIAM</u>	b. (Middle) <u>FRANKLIN</u>	c. (Last) <u>SMITH</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>3 21 1953</u>
--	---------------------------	-----------------------------	------------------------	--

5. SEX <u>M</u>	6. COLOR OR RACE <u>w</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug 30 1879</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>21</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
-----------------	---------------------------	---	-------------------------------------	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Watch repairman</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Texas Co. Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	-----------------------------------	---	--

13a. FATHER'S NAME <u>Zach Smith</u>	13b. MOTHER'S MAIDEN NAME <u>Samantha Baird</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Catherine</u>
--------------------------------------	---	---

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.	17. INFORMANT'S SIGNATURE OR NAME <u>Mary C. Smith Success</u>	ADDRESS
--	-------------------------	--	---------

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Apoplexy</u>		<u>12 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c)		<u>unknown</u>
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 <u>334X</u>	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 3-9, 1953 to 3-21, 1953, that I last saw the deceased alive on 3-19, 1953, and that death occurred at 2:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Scott L. Kramer M.D.</u>	23b. ADDRESS <u>Houston, MO</u>	23c. DATE SIGNED <u>3-21-53</u>
--	---------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>3-23-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>EMERY</u>	24d. LOCATION (City, town, or county) (State) <u>TEXAS CO MO</u>
---	--------------------------	---	--

DATE REC'D BY LOCAL REG. <u>3-25-53</u>	REGISTRAR'S SIGNATURE <u>Myrtle Craig</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>ELLIOTT FUNERAL HOME</u>	ADDRESS <u>HOUSTON, MO</u>
---	---	--	----------------------------

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

70
1

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 Frank E. Hood

Licensed Embalmer No. 4026

P. O. Address Houston, Md

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.