

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **16741**

FILED APR 21 1953

BIRTH NO. _____		REG. DIST. NO. <u>326</u>		PRIMARY REG. DIST. NO. <u>6110</u>		Registrar's No. <u>19</u>	
1. PLACE OF DEATH a. COUNTY <u>Scotland</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Scotland</u>			
b. CITY OR TOWN <u>Rural - West Jay</u>		c. LENGTH OF STAY (in this place) <u>all life</u>		c. CITY OR TOWN <u>Rural West Jay</u>		d. STREET ADDRESS (If rural, give location) <u>0998</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>0998</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>D.</u> c. (Last) <u>Smart</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 8, 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>Nov. 15, 1867</u>	
9. AGE (in years last birthday) <u>83</u>		IF UNDER 1 YEAR Days <u>4</u>		IF UNDER 24 HRS. Hours <u>23</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</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 _____		11. BIRTHPLACE (State or foreign country) <u>Scotland Co. Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				13a. FATHER'S NAME <u>Henry Edward Smart</u>			
13b. MOTHER'S MAIDEN NAME <u>Elvessa Powers</u>				14. NAME OF WIDOW OR WIFE <u>Cara Smart</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Cara Smart - Downing, Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Inanition Thirst was in Hospital for 304 X</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>been in bed for 12 yrs.</u> DUE TO (c) <u>don't know what did treat him</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>No Operation</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Downing Mo.</u>		21f. HOW DID INJURY OCCUR? <u>None</u>	
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? <u>None</u>			
22. I hereby certify that I attended the deceased from <u>None</u> , 19____, to <u>Mo.</u> , 19____, that I last saw the deceased alive on <u>April 8</u> , 1953, and that death occurred at <u>1 p</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>H.E. Perwig M.D.</u> (Degree or title)				23b. ADDRESS <u>Downing Mo.</u>		23c. DATE SIGNED <u>4/10/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 10, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Downing</u>		24d. LOCATION (City, town, or county) (State) <u>Downing Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4/14/53</u>		REGISTRAR'S SIGNATURE <u>Vera G. Turner</u> 476-0		25. FUNERAL DIRECTOR'S SIGNATURE <u>None Funeral Home Downing, Mo.</u> ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side)

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

0990
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.

Signed Neal Payne

Signed _____
Student Embalmer

Licensed Embalmer No. 2550

P. O. Address Memphis, 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.