

FILED JUN 8 1953

STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 3005 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>Dates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Butler</u>)		c. LENGTH OF STAY (in this place) <u>11 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Archie</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Butler Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u>	b. (Middle) <u>Wesley</u>	c. (Last) <u>Smith</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 1, 1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 14, 1877</u>	9. AGE (In years) (Month) (Day) <u>76</u>	IF UNDER 1 YEAR <u>4</u> Days	IF UNDER 4 HRS. <u>17</u> Hours	Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>Westline, Cass Co., Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>John Wesley Smith</u>	13b. MOTHER'S MAIDEN NAME <u>Hester Ann Kelly</u>	14. NAME OF HUSBAND OR WIFE <u>May Stevens Smith</u>
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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. <u>492-72-5746</u>	17. INFORMANT'S SIGNATURE AND NAME <u>Mrs. May Smith</u>	ADDRESS <u>Archie, Mo.</u>
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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>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis</u>		
	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 <u>331x</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 5/21, 1953 to 6/1, 1953, that I last saw the deceased alive on 6/1, 1953 and that death occurred at 7 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Walter W. Luter M.D.</u> (Degree or title)	23b. ADDRESS <u>Butler, Mo.</u>	23c. DATE SIGNED <u>6/3/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>June 3, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Crestant Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Near, Adrian Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Jan 3-53</u>	REGISTRAR'S SIGNATURE <u>Russell Perry</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Atkinson Brothers</u>	ADDRESS <u>Archie, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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 *Raymond C. Robinson*

Licensed Embalmer No. *3070*

P. O. Address *Warrenville*

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.

Mo.