

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18893

State File No.

FILED MAY 19 1953

BIRTH NO. REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 158

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u> <u>0804</u>	
c. LENGTH OF STAY (in this place) <u>10 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>212 E. Johnson</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>212 E. Johnson</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Rufus</u>	b. (Middle) <u>Edward</u>	c. (Last) <u>Smith</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 15, 1953</u>
-------------------------------------	-------------------------	---------------------------	------------------------	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan 1, 1906</u>	9. AGE (In years last birthday) <u>47 yrs</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
--------------------	-------------------------------	---	-------------------------------------	---	-----------------------------	-----------------------------

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

13a. FATHER'S NAME <u>A.C. Smith</u>	13b. MOTHER'S MAIDEN NAME <u>Iresea Phillip</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Ella Smith</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. <u>500-10-5040</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ella Smith - Sedalia, 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, asthenia, 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>Acute Myocarditis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of throat</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Secondary Anemia</u>			

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) m.	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 5-14-1953, to 5-15-1953 that I last saw the deceased alive on 5-15-1953, and that death occurred at 5:02 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>A.L. Maddox, M.D.</u>	23b. ADDRESS <u>116 1/2 W. Main</u>	23c. DATE SIGNED <u>5-15-53</u>
---	-------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-18-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill Annex</u>	24d. LOCATION (City, town, or county) (State) <u>Sedalia Mo</u>
---	--------------------------	--	---

DATE REC'D BY LOCAL REG. <u>5/18/1953</u>	REGISTRAR'S SIGNATURE <u>A.G. Campbell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul Edward</u>	ADDRESS <u>400 W. Cooper</u>
---	--	---	------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 27 1958

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

Eric R. Hand

Licensed Embalmer No. *4245*

P. O. Address *Seakula, N.C.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.