

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22007

FILED JUL 13 1953

BIRTH NO. _____ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 4255 Registrar's No. 24

0510
1

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

| | | | |
|--|---|---|---|
| 1. PLACE OF DEATH a. COUNTY Johnson | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY Johnson | |
| b. CITY (If outside corporate limits, write RURAL and give township) Kingsville, Missouri | c. LENGTH OF STAY (In this place) 4 years | c. CITY (If outside corporate limits, write RURAL and give township) Kingsville, Missouri 0510 0 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Home | | d. STREET ADDRESS (If rural, give location) | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Benjamin b. (Middle) Franklin c. (Last) Smith | | | 4. DATE OF DEATH (Month) (Day) (Year) June 21, 1953 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Dec. 16, 1881 |
| 9. AGE (In years) (by birthday) 71 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming | 11. BIRTHPLACE (City and State or Foreign Country) Warrensburg, Missouri |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming | | 10b. KIND OF BUSINESS OR INDUSTRY OWN FARM | 12. COUNTRY OF WHAT COUNTRY? U.S.A. |
| 13a. FATHER'S NAME John Smith | | 13b. MOTHER'S MAIDEN NAME Sarah E. Goin | 14. NAME OF HUSBAND OR WIFE Nancy E. Smith |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wife--Nancy E. Smith Kingsville |
| 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 | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage | | INTERVAL BETWEEN ONSET AND DEATH | |
| ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive C.V. Disease | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 331X | |
| 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 Jan , 19 <u>50</u> , to June 21 , 19 <u>53</u> , that I last saw the deceased alive on June 20 , 19 <u>53</u> , and that death occurred at 10:4 a.m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) Kelly Rawlins M.D. | | 23b. ADDRESS Holden MO | |
| 23c. DATE SIGNED 6/23/53 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE June 23, 1953 | |
| 24c. NAME OF CEMETERY OR CREMATORY Missouri Cemetery--Holden, Mo. | | 24d. LOCATION (City, town, or county) (State) Holden, Mo. | |
| DATE REC'D BY LOCAL REG. 7-4-53 | | REGISTRAR'S SIGNATURE Mr. James Redford | |
| FUNERAL DIRECTOR'S SIGNATURE Canadaft Roppo | | ADDRESS Holden | |

RECEIVED
JUL 10 1953
JOHNSON COUNTY HEALTH DEPT.

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

Samuel B. Rapp

Licensed Embalmer No. 4044

P. O. Address Holden, 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.