

STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 3042 Registrar's No. 76

1. PLACE OF DEATH a. COUNTY <u>Madison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>Madison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fredericktown</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Fredericktown</u>	
c. LENGTH OF STAY (In this place) <u>58 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>506 Villars</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>506 Villars</u>			
3. NAME OF DECEASED a. (First) <u>Noah</u>		b. (Middle) <u>Edgar</u>	
		c. (Last) <u>Smith, Sr.</u>	
		4. DATE OF DEATH (Month) (Day) (Year) <u>June 22, 1953</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>June 17, 1894</u>	
9. AGE (In years last birthday) <u>59</u>		10. IF UNDER 1 YEAR Months <u>0</u> Days <u>5</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 <u>Farm</u>	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Isaac Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Hattie Fenton</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes</u> <u>WW#1</u>		16. SOCIAL SECURITY NO. <u>487-28-4111</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Noah Smith, Jr.</u>		ADDRESS <u>Fort Worth, Texas</u>	
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) <u>Acute coronary occlusion</u> ANTECEDENT CAUSES Morbid 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. _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>4201</u>	
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 <u>6-22, 1953</u> to <u>6-22, 1953</u> , that I last saw the deceased alive on <u>6-22, 1953</u> , and that death occurred at <u>8:30 A. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>B.A. Michaelis, M.D.</u>		23b. ADDRESS <u>135 So. Mine "a" Mo.</u>	
23c. (Degree or title) <u>M.D.</u>		23d. DATE SIGNED <u>6-25-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/25/53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Silvermines Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Madison County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-25-1953</u>		REGISTRAR'S SIGNATURE <u>Larence Hicks '87</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Najim Funeral Home</u>		ADDRESS <u>Fredericktown, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

21
1

.48

FILED JUL 1 - 1953

MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.

JUL 7 1953

RECEIVED
JUN 30 1953
RECEIVED

FILE NO. 653-36

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Charles Mc Carley*

Licensed Embalmer No. 4852

P. O. Address Fredericktown, 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.