

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23634

FILED JUL 13 1953

State File No.

BIRTH NO. REG. DIST. NO. 802 PRIMARY REG. DIST. NO. 4517 Registrar's No. 79

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

1. PLACE OF DEATH a. COUNTY <u>Lancaster</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lancaster</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Branson</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lancaster</u>	
c. LENGTH OF STAY (in this place) <u>3 weeks</u>		d. STREET ADDRESS (If rural, give location) <u>Lancaster</u>	
d. FULL NAME OF (If in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Skaggs Community Hosp</u>			

3. NAME OF DECEASED (Type or Print) <u>James Cheo Smith</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 6 1953</u>		
a. (First)	b. (Middle)	c. (Last)			

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>May 6, 1901</u>	9. AGE (years) (last birthday) <u>52</u>	10. UNDER 1 YEAR (Months) <u>2</u>	11. UNDER 1 YEAR (Days) <u>0</u>	12. IF UNDER 1 YEAR (Hours) <u>0</u>	13. IF UNDER 1 YEAR (Min.) <u>0</u>
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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>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>James H. Smith</u>	13b. MOTHER'S MAIDEN NAME <u>Kella Smith</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war & dates of service) <u>yes WW2</u>	16. SOCIAL SECURITY NO. <u>500-05-6585</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Everett Head Lancaster Mo</u>	18. ADDRESS <u>Lancaster Mo</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of sigmoid</u>		DUE TO (b) <u>chronic hepatitis</u>		<u>5 1/2</u>
ANTECEDENT CAUSES (Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.) DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) <u>Chronic hepatitis</u>		
*This does not mean the mode of dying, such as heart failure, atherosclerosis, etc. It means the disease, injury, or complication which caused death.				<u>3 1/2</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>154X</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) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input 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 June 12, 1953, to July 6, 1953, that I last saw the deceased alive on May 15, 1953 and that death occurred at 4:20 m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	23b. ADDRESS <u>Brantley Mo</u>	23c. DATE SIGNED <u>7/8/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/8/1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Holy Sepulchre Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lancaster Mo</u>
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DATE REC'D BY LOCAL REG. <u>7-9-53</u>	REGISTRAR'S SIGNATURE <u>S E Copnell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Joseph Samuel Stone</u>	ADDRESS <u>Lancaster</u>
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APR 17 1953

APR 22 1953

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 _____

Walter S. Cobb

Licensed Embalmer No. 4731

P. O. Address Augusta 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.