

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

7619

State File No.

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BIRTH NO. FILED APR 7 1954 REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 76

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| 1. PLACE OF DEATH a. COUNTY <u>Adair</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Sullivan</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkville</u> | | c. CITY OR TOWN <u>Winigan</u> | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. LENGTH OF STAY (in this place) <u>18 days</u> | | • STREET ADDRESS (If rural, give location) <u>Route #1</u> | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Grim-Smith Memorial Hospital</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u> b. (Middle) <u>Melvin</u> c. (Last) <u>Smith</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>March 27 1954</u> | | |
| 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>June 19, 1880</u> | | 9. AGE (In years last birthday) <u>73</u> If UNDER 1 YEAR Months <u> </u> Days <u> </u> If UNDER 2 HRS. Hours <u> </u> Min. <u> </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>Farming</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Sullivan County, Missouri</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | | | |

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| 13a. FATHER'S NAME <u>Benjamin Smith</u> | | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Duskins</u> | | 14. NAME OF HUSBAND OR WIFE <u>Ida May Smith</u> | |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ide May Smith, Winigan, Mo.</u> | | ADDRESS |
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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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>30 mins</u> <u>4 weeks</u> <u>8 weeks</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary embolism</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pulmonary embolism</u> DUE TO (c) <u>Rt. Saphenous Phlebotrombosis</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 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) <u>4201</u> |
| 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 3-9, 1954, to 3-27, 1954, that I last saw the deceased alive on 3-27, 1954, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>[Signature]</u> | 23b. ADDRESS <u>Kirkville, Mo</u> | 23c. DATE SIGNED <u>3-27-54</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>March 30, 1954</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>North Salem Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Sullivan Co., Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>3-30-54</u> | REGISTRAR'S SIGNATURE <u>[Signature]</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> | ADDRESS <u>Green City, Mo.</u> |
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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.....
Signature of Student Embalmer

Signed.....
Karl R. Lent

Licensed Embalmer No. *46*

P. O. Address *Green City*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.