

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

10993

State File No.

26

BIRTH NO. FILED MAR 23 1954 REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Carroll</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Washington Sup</u>		c. LENGTH OF STAY (in this place) <u>1-6-16</u>	
c. CITY (If outside corporate limits, write RURAL and give township) <u>Carrollton</u>		d. STREET ADDRESS (If rural, give location) <u>0171</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hosp # 3</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Julius</u>	b. (Middle) <u>L.</u>	c. (Last) <u>Smith</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 6-1954</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 24, 1883</u>	9. AGE (in years last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>10</u>	IF UNDER 24 HRS. Hour <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life.) <u>Electrician</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Michigan</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Wm. H. Smith</u>	13b. MOTHER'S MAIDEN NAME <u>Sophronia Stacking</u>	14. NAME OF HUSBAND OR WIFE <u>Harriet Smith</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. or unknown) (If yes, give year or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hoop Records</u>	ADDRESS <u>Carrollton, Mo</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 yrs +</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Ch. Encephalitis lethargica (Parkinsonian Syndrome)</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. <u>Psychosis</u>			<u>1 1/2 yrs</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>0830</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) <u>Carrollton, Carroll, Mo</u>
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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?
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22. I hereby certify that I attended the deceased from Aug 18, 1952, to Feb 6, 1954, that I last saw the deceased alive on Feb 6, 1954 and that death occurred at 11:32 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. O. Shurt</u>	23b. ADDRESS <u>Carrollton, Mo</u>	23c. DATE SIGNED <u>3/6/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>3-6-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Carroll Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Carrollton, Mo</u>
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DATE REC'D BY LOCAL REG. <u>3-20-1954</u>	REGISTRAR'S SIGNATURE <u>Anna & Ferry</u>	451	25. FUNERAL DIRECTOR'S SIGNATURE <u>Marshall Genevieve</u>	ADDRESS <u>Carrollton, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.48
-280-9

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 Jeremy F. Milster

Licensed Embalmer No. 4806

P. O. Address Nevada, 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.