No. 300
10.48

FILED AUG 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22606

BIRTH NO. _____ REG. DIST. NO. 102 PRIMARY REG. DIST. NO. 4174 Registrar's No. _____

0350

1. PLACE OF DEATH
a. COUNTY Dunklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cardwell
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Dunklin
c. CITY OR TOWN Cardwell
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) 0350

3. NAME OF DECEASED (Type or Print) a. (First) Clarence b. (Middle) V. c. (Last) Smith
4. DATE OF DEATH (Month) (Day) (Year) 7-17-54
5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S
8. DATE OF BIRTH 8-30-1901
9. AGE (In years last birthday) 52 IF UNDER 1 YEAR Months 10 Days 17 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Qai
11. BIRTHPLACE (City and State or Foreign Country) Mo
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME S.N. Smith
13b. MOTHER'S MAIDEN NAME Minnie Johnson
14. NAME OF HUSBAND OR WIFE —
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 Mrs Annie Bishop Cardwell

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of neck

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Anemia
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 293 X
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Post 2 yrs *, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at* 2:55P *m., from the causes and on the date stated above.*

23a. SIGNATURE W W English M D (Degree or title)
23b. ADDRESS Cardwell, Mo
23c. DATE SIGNED 7-30-54

24a. BURIAL, CREMATION, REMOVAL (Specify) B
24b. DATE 7-19-54
24c. NAME OF CEMETERY OR CREMATORY Cardwell
24d. LOCATION (City, town, or county) (State) Cardwell

DATE REC'D BY LOCAL REG. 7-29-54
REGISTRAR'S SIGNATURE Hubert B. Baird 472
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Heath, Paragould, Ark.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY H

DEPARTMENT 8-11-5

COUNTY FILE NUMBER 854-

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Homer Dement

Licensed Embalmer No. 965-

P. O. Address Paragould

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.