No. 300
10-48

FILED AUG 23 1954

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28381

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 86

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

1. PLACE OF DEATH
a. COUNTY: NEWTON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Neosho
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sales Memorial Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Newton
c. CITY OR TOWN: Neosho
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): Route # 3 0730

3. NAME OF DECEASED (Type or Print)
a. (First): Leonard
b. (Middle): Elmer
c. (Last): Smith

4. DATE OF DEATH (Month) (Day) (Year): Aug 11 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 7 1864
9. AGE (In years last birthday): 90 — If under 1 year: Months 1 Days 4 — 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: Farming
11. BIRTHPLACE (City and State or Foreign Country): Mentone Indiana
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Jacob Smith
13b. MOTHER'S MAIDEN NAME: Sarah Hise
14. NAME OF HUSBAND OR WIFE: Cora Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs Phil Ratliff Neosho

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): Carcinoma, abdominal cavity — INTERVAL BETWEEN ONSET AND DEATH: 4 mo

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: 1991
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* May, 1949, *to* Aug 11, 1954 *that I last saw the deceased alive on* Aug 11, 1954, *and that death occurred at* 8:20 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harold C. Lentz M.D.
23b. ADDRESS: Neosho Mo.
23c. DATE SIGNED: Aug 16 1954

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-13-54
24c. NAME OF CEMETERY OR CREMATORY: J. O. O. F. Cemetery
24d. LOCATION (City, town, or county) (State): Neosho Mo.

DATE REC'D BY LOCAL REG.: 8-14-54
REGISTRAR'S SIGNATURE: Melvin C. Bowman 223
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Clark-Bigham Mort Neosho Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. NEWTON COUNTY HEALTH UNIT

District File Number 854-121

Date Filed AUG 20 1954

NEOSHO, MISSOURI

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 Jesse O. Sullins, Jr.

Licensed Embalmer No. 464

P. O. Address Neosho,

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.