

34724

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED NOV 1 - 1954

No. 300  
10.48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 243 PRIMARY REG. DIST. NO. 4364 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <u>Mo Donald Newton</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Arkansas</u> b. COUNTY <u>Benton</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stella</u>		c. LENGTH OF STAY (in this place) <u>1 day</u>	c. CITY OR TOWN <u>Garfield</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cardwell Hospital</u>			e. STREET ADDRESS (If rural, give location) <u>Route 1</u> <span style="float: right;">8030 8</span>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Dale</u> b. (Middle) <u>Lee</u> c. (Last) <u>Smith</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 28, 1954</u>		
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>Sept. 15, 1954</u>	9. AGE (In years) (last birthday) <u>14</u>	IF UNDER 1 YEAR: Days <u>14</u> Hours <u>    </u> Min. <u>    </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Baby</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Baby</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Benton County Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>James Franklin Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Lee Shull</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Anna Smith Garfield, Ark.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>X</u>		16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Anna Smith Garfield, Ark.</u>		
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhage of Umbilicus</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Father &amp; Mother were native RN Gadsden &amp; Paschal.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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>7730</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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 <u>9-28, 1954</u> to <u>9-28, 1954</u> that I last saw the deceased alive on <u>9-28, 1954</u> and that death occurred at <u>11:50 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>[Signature]</u>		23c. DATE SIGNED <u>9-30-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9/29/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pratt Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Garfield, Arkansas</u>		
DATE REC'D BY LOCAL REG. <u>10-23-54</u>	REGISTRAR'S SIGNATURE <u>Alphe Dyer</u> <u>369-</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> HOME ADDRESS <u>MILLER GENERAL HOME</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

**RECEIVED**

NEWTON COUNTY HEALTH UNIT

District Health Officer No. \_\_\_\_\_

District File Number 1054-217

Date Filed OCT 29 1954

NEOSHO, MISSOURI

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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..

*Not embalmed*

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.