

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29371

FILED SEP 1-1953

BIRTH NO.		REG. DIST. NO. 224		PRIMARY REG. DIST. NO. 8046		Registrar's No. 38	
1. PLACE OF DEATH a. COUNTY Moniteau Co				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Moniteau			
b. CITY (If outside corporate limits, write RURAL and give township) California, Mo Walker		c. LENGTH OF STAY (In this place) 11 Days		c. CITY (If outside corporate limits, write RURAL and give township) Jamestown, Mo Linn Twp		d. STREET ADDRESS (If rural, give location) Rt # 1, Jamestown, Mo 0680	
d. FULL NAME OF HOSPITAL OR INSTITUTION Gen Del. California, Mo							
3. NAME OF DECEASED (Type or Print) Robert Lee Smith		a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH Aug 15 1953		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	
8. DATE OF BIRTH Nov 20 1866		9. AGE (In years last birthday) 86		10. MONTHS 8		11. DAYS 26	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own Farm		11. BIRTHPLACE (City and State or Foreign Country) Moniteau Co		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Henry Smith		13b. MOTHER'S MAIDEN NAME Nancy Rewford		14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE, OR NAME Mrs Henry Warner Jamestown		ADDRESS Jamestown	
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility Malnutrition				INTERVAL BETWEEN ONSET AND DEATH 3 hours	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) California, Moniteau Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) OF INJURY		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 6-22, 1953 to 8-15, 1953, that I last saw the deceased alive on 8-15, 1953, and that death occurred at 10:45 AM, from the causes and on the date stated above.							
23a. SIGNATURE R. S. Fulk		(Degree or title) M.D.		23b. ADDRESS California, Mo		23c. DATE SIGNED 8-17-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/17/53		24c. NAME OF CEMETERY OR CREMATORY Pettigrew Cemetery		24d. LOCATION (City, town, or county) (State) Rural, Lupus, Mo	
DATE REC'D BY LOCAL REG Aug 20-53		REGISTRAR'S SIGNATURE H. L. Poy		25. FUNERAL DIRECTOR'S SIGNATURE E. A. Boudin		ADDRESS California	

(Licensed Embalmer's Statement on Reverse Side)

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 .....  
Student Embalmer

Signed Earl Bonlin

Licensed Embalmer No. 7126

P. O. Address California

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.