

FILED AUG 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26481**
Registrar's No. **198**

BIRTH NO. _____		REG. DIST. NO. 77		PRIMARY REG. DIST. NO. 3016		Registrar's No. 198	
1. PLACE OF DEATH a. COUNTY Cole				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City. Mo				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City Jefferson			
d. FULL NAME OF HOSPITAL OR INSTITUTION St Marys Hospital				d. STREET ADDRESS (If rural, give location) 405 Walnut St.			
3. NAME OF DECEASED (Type or Print) Elzie Elzie Owen		a. (First) Elzie b. (Middle) Owen c. (Last) Smith		4. DATE OF DEATH (Month) Aug (Day) 18 (Year) 1949			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED MARRIED (Specify)		8. DATE OF BIRTH April 24, 1884	
9. AGE (In years last birthday) 65		10. a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Missouri		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Elzie Smith		13b. MOTHER'S MAIDEN NAME Fiannell Austeel		14. NAME OF HUSBAND OR WIFE Beulah L. Smith	
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 Carl Smith		ADDRESS Jefferson City Mo	
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) Diabetes Mellitus ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Cardiohypertrophy II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cirrhosis of Liver				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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) 360X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 Aug 16, 1949 to Aug 16, 1949 that I last saw the deceased alive on Aug 16, 1949 , and that death occurred at 11:45 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE R. Bruce W. D. O.		(Degree or title)		23b. ADDRESS Jefferson City Mo		23c. DATE SIGNED Aug 17/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug 18, 1949		24c. NAME OF CEMETERY OR CREMATORY Smith Cemetery		24d. LOCATION (City, town, or county) (State) Jefferson City, Mo	
DATE REC'D BY LOCAL REG. Aug 17-49		REGISTRAR'S SIGNATURE R. P. Davis M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Earl R. Boudin		ADDRESS California	

RECEIVED
AUG 22 1949
District Health Officer No. 9
District File Number

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 R. Bowlin

Licensed Embalmer No. 2126

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.