

## STANDARD CERTIFICATE OF DEATH

State File No. **4356****3**

BIRTH NO. _____		REG. DIST. NO. <b>83</b>		PRIMARY REG. DIST. NO. <b>5315</b>		Registrar's No. <b>3</b>	
1. PLACE OF DEATH a. COUNTY <b>COOPER</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>COOPER</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL-SALINE</b>		c. LENGTH OF STAY (in this place) <b>22 yr</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL-SALINE</b>		<b>6270</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <b>NEAR WOODBRIDGE MO</b>			
3. NAME OF DECEASED (Type or Print) <b>FRANKLIN</b>		a. (First) <b>M</b>		b. (Middle) <b>SMITH</b>		c. (Last)	
4. DATE OF DEATH <b>FEB 2-1950</b>		5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	
8. DATE OF BIRTH <b>Jan 24-1870</b>		9. AGE (in years last birthday) <b>80</b>		10. IF UNDER 1 YEAR Months Days		11. IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMING</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b>		11. BIRTHPLACE (State or foreign country) <b>MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>HENRY SMITH</b>		13b. MOTHER'S MAIDEN NAME <b>NANCY PENFROW</b>		14. NAME OF HUSBAND OR WIFE <b>CHLOE SMITH</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Everett Smith Woodbridge</b>			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Internal Hemorrhage</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chills fever with vomiting</b> DUE TO (c) <b>Cold &amp; flu</b> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>old age</b>				INTERVAL BETWEEN ONSET AND DEATH <b>48 hr</b>	
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) <b>Boonville Cooper Mo.</b>		21f. HOW DID INJURY OCCUR?	
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"/>					
22. I hereby certify that I attended the deceased from <b>2-1</b> , 19 <b>50</b> , to <b>2-2</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>2-2</b> , 19 <b>50</b> , and that death occurred at <b>1:30</b> p.m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Dr. H. T. Brasier</b>				23b. ADDRESS <b>Boonville Mo.</b>		23c. DATE SIGNED <b>2-3-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>2-3-1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>PETTIGREW CEM</b>		24d. LOCATION (City, town, or county) (State) <b>NEAR BOONVILLE MO</b>	
DATE REC'D BY LOCAL REG. <b>2/4/50</b>		REGISTRAR'S SIGNATURE <b>U. T. Meredith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>C. ALBERT HOYNRECK</b>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

**RAIRIE HOME MO.**

0270

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

RECEIVED FEB 8  
District Health Officer No. 8  
District File Number  
Date Filed 2-23-50

FEB 28 1950

### 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 G. Albert Hornbeck

Licensed Embalmer No. 2714

P. O. Address Prairie Home Mo.

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.