

FILED NOV 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38065

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 5704 Registrar's No. 146

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Wheeling</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Wheeling</u>	
c. LENGTH OF STAY (In this place) <u>20 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>159th</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Bird</u>	b. (Middle) <u>Darling</u>	c. (Last) <u>Smiley</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>November 8 1951</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 5, 1867</u>	9. AGE (In years last birthday) <u>84</u>	If under 1 year: Months _____ Days _____	If under 1 sec. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Linn County Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>William Robbins</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Christy</u>	14. NAME OF HUSBAND OR WIFE <u>Frank L. Smiley</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ray Strickler; Meadville, Mo.</u>	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Lung</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Metastasis from Breast (Removed Surgically 3 yrs. ago)</u> 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 <u>170x</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Jan 1947, to Nov 8, 1951, that I last saw the deceased alive on Nov 8, 1947, and that death occurred at 4:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Deceased or title) <u>W. L. Bryan M.D.</u>	23b. ADDRESS <u>Wheeling Mo.</u>	23c. DATE SIGNED <u>11-9-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-10-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Meadville</u>	24d. LOCATION (City, town, or county) (State) <u>Meadville Missouri</u>
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DATE REC'D BY LOCAL REG. <u>11/9/51</u>	REGISTRAR'S SIGNATURE <u>Frances R. Nerell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Norman Funeral Home; Chillicothe, Mo.</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

590
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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.

Student
Student Embalmer

Signed Edson Dawson

Licensed Embalmer No. 4036

P. O. Address Chillicothe, 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.