

ED APR 27 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15050

BIRTH NO. _____ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 4339 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY MONROE COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY MONROE	
b. CITY (If outside corporate limits, write RURAL and give township) PARIS		c. CITY (If outside corporate limits, write RURAL and give township) PARIS	
c. LENGTH OF STAY (in this place) 16 YEARS		d. STREET ADDRESS (If rural, give location) LOCUST ST.	
d. FULL NAME OF HOSPITAL OR INSTITUTION LOCUST ST.		d. STREET ADDRESS (If rural, give location) LOCUST ST.	
3. NAME OF DECEASED a. (First) ERNEST b. (Middle) PERRIN c. (Last) SMISER			4. DATE OF DEATH (Month) (Day) (Year) APRIL 20, 1953
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH NOV. 22, 1868
9. AGE (In years last birthday) 84	# UNDER 1 YEAR Months 4 Days 28	# UNDER 2 WKS. Hours — Min. —	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY GENERAL FARMING	11. BIRTHPLACE (City and State or Foreign Country) MO.
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME JAMES S. SMISER		13b. MOTHER'S MAIDEN NAME MARY F. WEST	14. NAME OF HUSBAND OR WIFE EMMA SMISER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY (YES - NO) YES	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Jane Randall PARIS, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Heart Disease INTERVAL BETWEEN ONSET AND DEATH 1 1/2 ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. arterio-sclerosis DUE TO (b) _____ 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		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)	
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 Dec 11, 1952 to 4-20, 1953 , that I last saw the deceased alive on April 20, 1953 , and that death occurred at 9:45 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE Geo M. Huppel M.D. (Degree or title)		23b. ADDRESS Paris, Mo.	23c. DATE SIGNED 4-21-53
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 4-22-53	24c. NAME OF CEMETERY OR CREMATORY SALEM	24d. LOCATION (City, town, or county) (State) 4 MI. N. OF PARIS, MO.
DATE REC'D BY LOCAL REG. 4-22-53	REGISTRAR'S SIGNATURE F. A. Barnett M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Speedy Blackwell PARIS, MISSOURI	

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

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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 *E. H. Agnew*

Licensed Embalmer No. 4000

P. O. Address PARIS, MISSOURI

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.