

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29546

State File No.

FILED SEP 1 - 1953

BIRTH NO.		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>265</u>	
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ledonia Springs</u>		c. LENGTH OF STAY (In this place) <u>14 da</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Smithton Rural</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Boothell</u>				d. STREET ADDRESS (If rural, give location) <u>0800</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ira</u>		b. (Middle) <u>L.</u>		c. (Last) <u>Smith</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 20 - 53</u>	
5. SEX <u>M</u> 0		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Sept 27 - 75 - 77</u>	
9. AGE (In years last birthday) <u>10</u>		10. MONTHS <u>23</u>		11. BIRTHPLACE (State or foreign country) <u>Pettis Co mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>mo</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>General farming</u>				10b. KIND OF BUSINESS OR INDUSTRY			
13a. FATHER'S NAME <u>Samuel</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Lula Pierce Smith</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Victor Noelus Smithton mo</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Embolus</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Congestive Heart Failure</u> DUE TO (c) <u>Arteriosclerosis, C-V disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>5 hours</u>	
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) <u>4221</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>1</u>		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 <u>Nov</u> , 19 <u>51</u> , to <u>Aug</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>20 Aug</u> , 19 <u>53</u> , and that death occurred at <u>3:25</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>H. J. Campbell M.D.</u>		(Degree or title)		23b. ADDRESS <u>P.O. Siegel MO</u>		23c. DATE SIGNED <u>8/21/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 21 - 53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Smithton</u>		24d. LOCATION (City, town, or county) (State) <u>mo</u>	
DATE REC'D BY LOCAL REG. <u>8-26-53</u>		REGISTRAR'S SIGNATURE <u>H. J. Campbell M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A. F. Mammey</u>		ADDRESS <u>Smithton mo</u>	

(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 _____

working under my personal supervision.

Student Embalmer No.

Signed

A. F. Hemminger

Signed.....
Student Embalmer

Licensed Embalmer No. *3912*

P. O. Address *Smithton Pa*

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.