

FILED SEP 21 1953  
LICKITE FOR

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 32339

ORIGINAL - WHICH  
LAST

BIRTH NO. ~~1155~~ SEP 21 1953 REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5667 Registrar's No. 570

570  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>LINCOLN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Lincoln</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural - Bedford Twp</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural - Monroe Township</b>	
c. LENGTH OF STAY (in this place) <b>Week</b>		d. STREET ADDRESS (If rural, give location) <b>4 mile west - Winfield</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lincoln County Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>CLARENCE</b> b. (Middle) <b>WAYNE</b> c. (Last) <b>SMITH</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>AUG. 2, 1953</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. <del>MARRIED</del> <b>WIDOWED</b>	8. DATE OF BIRTH <b>9-29-1880</b>	9. AGE (In years last birthday) <b>72</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Restaurant Owner</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>retired</b>		11. BIRTHPLACE (State or foreign country) <b>RFD - Winfield, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Roland Smith</b>		13b. MOTHER'S MAIDEN NAME <b>Ellen Trescott</b>		14. NAME OF HUSBAND OR WIFE <b>Dora Hutton Smith</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. <b>UNKNOWN</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Priscilla Besselman - Winfield, Mo.</b>			
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute &amp; Chronic Congestive Heart Failure</b>		INTERVAL BETWEEN ONSET AND DEATH  <b>7 yrs.</b>  <b>5 days</b>  <b>3 mos.</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <b>Carcinoma Prostate</b>		
	DUE TO (c) <b>Post-operative bilateral orchidectomy</b>		
II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. <b>Chronic Pulmonary Infection</b>			

19a. DATE OF OPERATION <b>7/29/53</b>	19b. MAJOR FINDINGS OF OPERATION <b>Bilateral orchidectomy</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE	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 **3/8/1953** to **8/2, 1953**, that I last saw the deceased alive on **8/2, 1953** and that death occurred at **2:25 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Thomas K. Muehling M.D.</b>	23b. ADDRESS <b>Troy, Mo.</b>	23c. DATE SIGNED <b>SEP 17, 1953</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>AUG. 5, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>HIGHLAND PRAIRIE</b>	24d. LOCATION (City, town, or county) (State) <b>ETHVAN, MO.</b>
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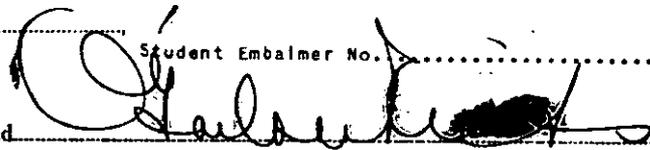
DATE REC'D BY LOCAL REG. <b>SEP 19 1953</b>	REGISTRAR'S SIGNATURE <b>Emma R. Riddle</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Elsberry, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

**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.

Signed   
Student Embalmer No. \_\_\_\_\_

Signed.....  
Student Embalmer

Licensed Embalmer No. 4017

P. O. Address Edberry, 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.