

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 433

FILED OCT 28 1953

BIRTH NO.

REG. DIST. NO. 43

PRIMARY REG. DIST. NO. 3007

Registrar's No. 433

1. PLACE OF DEATH a. COUNTY Butler			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Stoddard		
b. CITY (If outside corporate limits, write RURAL and give township) TOWN Poplar Bluff		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) TOWN Bernie		1030
d. FULL NAME OF HOSPITAL OR INSTITUTION Doctor's Hospital			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) Marion		b. (Middle) Johns	c. (Last) Smothers	4. DATE OF DEATH (Month) (Day) (Year) Oct. 19, 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 8, 1867	9. AGE (In years) last birthday 86	if UNDER 1 YEAR Months 9
if UNDER 24 HRS. Days 11	Hours 	Min. 	11. BIRTHPLACE (City and State or Foreign Country) Xenia, Illinois /		12. CITIZEN OF WHAT COUNTRY? U. S.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer		10b. KIND OF BUSINESS OR INDUSTRY			
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Gretta Smothers (Dec'D)	
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 NO. ----	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Helen V. Smothers, Bernie, 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) Cerebrovascular accident			INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. 331X				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) (Min.)		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 10-9-1953 to 10-19-1953 that I last saw the deceased alive on 10-19-1953 , and that death occurred at 4:00 P.m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Marion R. Beckman M.D.			23b. ADDRESS Poplar Bluff		23c. DATE SIGNED 10/23/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-21-53	24c. NAME OF CEMETERY OR CREMATORY Ash Hill	24d. LOCATION (City, town, or county) (State) Ash Hill, Missouri		
DATE REC'D BY LOCAL REG. 10/23/53	REGISTRAR'S SIGNATURE W. H. Muehle		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Strickland-Rainey Dexter, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
OCT 26 1953
BUTLER CO. HEALTH CENTER

FILE No. _____

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 Raymond Lewis

Licensed Embalmer No. 3467

P. O. Address Likeston 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.