

FILED OCT 19 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36538**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 955

1. PLACE OF DEATH a. COUNTY <b>Marion</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Marion</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Hannibal</b>		c. CITY OR TOWN <b>Oakwood</b>	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>1 day</b>		e. STREET ADDRESS (If rural, give location) <b>3118 St. Charles</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Levering Hospital</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Leta Smarr</b>		b. (Middle)	c. (Last)
4. DATE OF DEATH (Month) (Day) (Year) <b>October 8, 1953</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June 7, 1895</b>
9. AGE (In years last birthday) <b>58</b>	IF UNDER 1 YEAR Months <b>4</b> Days <b>1</b>	IF UNDER 24 HRS Hours <b>1</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Asst. Postmaster</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>U S Government</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Frankford Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>
13a. FATHER'S NAME <b>Eugene Lucas</b>		13b. MOTHER'S MAIDEN NAME <b>Nellie Bradley</b>	14. NAME OF HUSBAND OR WIFE <b>Harry Smarr</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	(If yes, give war or dates of service) <b>None</b>	16. SOCIAL SECURITY NO. <b>496 18 3753</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mr. Harry Smarr</b> ADDRESS <b>Oakwood Missouri</b>
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) <b>Cerebral Hemorrhage</b> ANTECEDENT CAUSES A. Forbidding 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		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) <b>331X</b>	
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 <b>Oct 7, 1953</b> , to <b>Oct 8, 1953</b> , that I last saw the deceased alive on <b>Oct 8, 1953</b> , and that death occurred at <b>12:15A. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>M. J. Boers</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>Hannibal Mo</b>	23c. DATE SIGNED <b>Oct 9/53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10/12/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mount Olivet</b>	24d. LOCATION (City, town, or county) (State) <b>Hannibal Missouri</b>
DATE REC'D BY LOCAL REG. <b>10-13-53</b>	REGISTRAR'S SIGNATURE <b>Dale M. ...</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>...</b>	ADDRESS <b>Hannibal Missouri</b>

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

OCT 17 1968

MARION CO. HEALTH DEPT.

DATE FILED — ~~OCT 17 1968~~

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.....  
Signature of Student Embalmer

Signed.....  
*John S. Ward*

Licensed Embalmer No....4540....

P. O. Address..Hannibal..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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.