

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39668

State File No. ....

FILED NOV 27 1953

BIRTH NO. _____		REG. DIST. NO. <u>182</u>		PRIMARY REG. DIST. NO. <u>5686</u>		Registrar's No. ....		
1. PLACE OF DEATH a. COUNTY <u>LINN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>LINN</u>				
b. CITY OR TOWN <u>PURDIN - RURAL</u>		c. LENGTH OF STAY (in this place) <u>7 yrs</u>		c. CITY OR TOWN <u>PURDIN RURAL (LOCUST CREEK)</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MISSOURI PARK HOSP.</u>				d. STREET ADDRESS (If rural, give location) <u>LOCUST CREEK TWP 0</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>DORISIE</u> b. (Middle) <u>LINICK</u> c. (Last) <u>SMITH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV 10 1953</u>					
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MAY 14 1897</u>		9. AGE (In years last birthday) <u>56</u>	IF UNDER 1 YEAR Months Days	IF UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>GEN. FARMING</u>		11. BIRTHPLACE (State or foreign country) <u>WEST VIRGINIA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>JOSEPH C SMITH</u>			13b. MOTHER'S MAIDEN NAME <u>ELIZA S ARTRIP</u>		14. NAME OF HUSBAND OR WIFE <u>RUTH SMITH</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>486-12-6266</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS RUTH SMITH</u>		ADDRESS <u>PURDIN</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>Congestive heart failure</u>						INTERVAL BETWEEN ONSET AND DEATH <u>2 year</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardio-vascular D</u>						<u>5 year</u>		
DUE TO (c) _____								
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Grandmal arteriosclerosis</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) _____				
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 <u>Oct 10</u> , 19 <u>48</u> , to <u>Nov 10</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Nov. 10</u> , 19 <u>53</u> , and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE <u>R. W. Bohannon M.D.</u> (Degree or title)				23b. ADDRESS <u>211 S. Main Street, Purdin, Mo.</u>		23c. DATE SIGNED <u>11/14/53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>Nov 12 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakwood</u>		24d. LOCATION (City, town, or county) <u>Melars</u> (State) <u>Mo</u>			
DATE REC'D BY LOCAL REG. <u>Nov 21 - 1953</u>		REGISTRAR'S SIGNATURE <u>Mrs Budie Kelley</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Legg Funeral Service - Melars</u>		ADDRESS _____		

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

0580

DEC 1

NOV 30 1953

*William*  
*24 88*

**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 *Donald P. Suggs*

Licensed Embalmer No. *3792*

P. O. Address *Melan 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.