

FILED DEC 16 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41980**

BIRTH NO. _____		REG. DIST. NO. <u>1</u>	PRIMARY REG. DIST. NO. <u>3000</u>	Registrar's No. <u>405</u>
1. PLACE OF DEATH a. COUNTY <u>ADAIR</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ADAIR</u>		
b. CITY OR TOWN <u>KIRKSVILLE</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>GIBBS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LAUGHIN HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>6010 P</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>EMIN</u>		b. (Middle) <u>VIRL</u>	c. (Last) <u>SMITH</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 5 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 2 1893</u>	9. AGE (In years last birthday) <u>60</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARPENTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CARPENTER</u>	11. BIRTHPLACE (State or foreign country) <u>ADAIR CO MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>ALBERT L. SMITH</u>		13b. MOTHER'S MAIDEN NAME <u>LAURA B. CONKLE</u>	14. NAME OF HUSBAND OR WIFE <u>MILDRED PHUMLEE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>492-12-5267</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MILDRED SMITH GIBBS 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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>10 days</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>332 X</u>	
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>Nov 26, 1953</u> , to <u>Dec 5, 1953</u> , that I last saw the deceased alive on <u>Dec 5, 1953</u> , and that death occurred at <u>2:10 P.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>A. J. Rhoads D.O.</u>		23b. ADDRESS <u>Kirksville, Mo</u>		23c. DATE SIGNED <u>12-5-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>DEC. 7, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BRASHEAR</u>	24d. LOCATION (City, town, or county) (State) <u>BRASHEAR MO</u>
DATE REC'D BY LOCAL REG. <u>12-10-53</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert 1-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Geo. E. Schuff, Hudlens Mo</u>

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

DEC 22 1953

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

Geo B Easley Jr

Signed.....

Student Embalmer

Licensed Embalmer No. 3755

P. O. Address Hurdland Md

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.