

FILED JAN 7 1954

STANDARD CERTIFICATE OF DEATH

State File No. **42213**  
Registrar's No. **73**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **3007**

1. PLACE OF DEATH a. COUNTY <b>Butler</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Arkansas</b> b. COUNTY <b>Clay</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Poplar Bluff</b>	c. LENGTH OF STAY (In this place) <b>4 Days</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Corning, Rural, Kilgore</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lucy Lee Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>Rt. 1</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Villa</b> b. (Middle) <b>Beatrice</b> c. (Last) <b>Smith</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 28, 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>March 10, 1898</b>	9. AGE (In years last birthday) <b>55</b>	10. MONTHS <b>9</b>	11. DAYS <b>18</b>	12. IF UNDER 1 YEAR Hours <b>8</b> Mins. <b>08</b>
----------------------	-------------------------------	---	--	---	---------------------	--------------------	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>School Teacher</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Clay County Arkansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
---	--	-----------------------------------	--	--	--	--	--

13a. FATHER'S NAME <b>W. G. Smith</b>		13b. MOTHER'S MAIDEN NAME <b>Ganie Smith</b>		14. NAME OF HUSBAND OR WIFE <b>Roy Smith</b>	
---------------------------------------	--	--	--	--	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Roy Smith</b>		ADDRESS <b>Corning, Ark.</b>	
---	--	-------------------------	--	--	--	------------------------------	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia</b>				INTERVAL BETWEEN ONSET AND DEATH <b>10 days</b>	
		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				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 **Dec. 24, 1953**, to **Dec. 28, 1953**, that I last saw the deceased alive on **Dec. 28, 1953**, and that death occurred at **3:00 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b> (Degree or title) <b>MD</b>		23b. ADDRESS <b>Poplar Bluff Mo.</b>		23c. DATE SIGNED <b>12/31/53</b>	
---	--	--------------------------------------	--	----------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Dec. 30, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Richwoods Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Corning, Arkansas</b>	
---	--	--------------------------------	--	--	--	--	--

DATE REC'D BY LOCAL REG. <b>12/31/53</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>		ADDRESS <b>Corning, Ark.</b>	
--	--	--	--	---	--	------------------------------	--

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

RECEIVED  
796T - S NVT  
BUTLER CO. HEALTH CENTER  
FILE No. \_\_\_\_\_

JAN 5 . 1954

*Ermer*

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 *me*

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

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed

*Richard O. Ermer*

Licensed Embalmer No. 782

P. O. Address Corning, Ar

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.