

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42691**

FILED JAN 5 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **139** PRIMARY REG. DIST. NO. **5541** Registrar's No. **88**

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

1. PLACE OF DEATH a. COUNTY <b>Holt</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Holt</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural - South Union Township</b>		c. LENGTH OF STAY (in this place) <b>1 month</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Craig</b>		0440
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4 miles south west of Craig</b>			d. STREET ADDRESS (If rural, give location) <b>0</b>		

3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b> b. (Middle) <b>Silas</b> c. (Last) <b>Smith</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 29, 1953</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Aug. 17, 1904</b>	9. AGE (In years last birthday) <b>49</b>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	IF UNDER 4 HRS. Hours	IF UNDER 15 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Painter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>For Public Housing Admin.</b>		11. BIRTHPLACE (State or foreign country) <b>Parson, Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
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13a. FATHER'S NAME <b>Fred L. Smith</b>		13b. MOTHER'S MAIDEN NAME <b>George Ann Garrett</b>		14. NAME OF <del>HUSBAND</del> WIFE <b>Frances Smith</b>	
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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. <b>488-34-1919</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Francis Smith - Craig, Mo.</b>			ADDRESS <b>Mo.</b>	
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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>Emphysema</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Carcinoma of Liver</b>  DUE TO (b) _____  DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH <b>6 mos</b>
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 <b>1561</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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>Craig Holt Mo.</b>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **Dec 29, 1953**, to **Dec 29, 1953**, that I last saw the deceased alive on **Dec 29, 1953**, and that death occurred at **8:00 a.m.**, from the causes and on the date stated above.

23. SIGNATURE (Degree or title) <b>Walter J. Crawford Do. of Craig Mo.</b>		23b. ADDRESS <b>Mo.</b>		23c. DATE SIGNED <b>30 Dec 53</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12/31/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>J. O. O. F.</b>		24d. LOCATION (City, town, or county) (State) <b>Craig, MO.</b>	
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DATE REC'D BY LOCAL REG. <b>12-31-53</b>	REGISTRAR'S SIGNATURE <b>Walter J. Crawford</b>		469	25. FUNERAL DIRECTOR'S SIGNATURE <b>Wilbur L. Schooner - Craig, Mo.</b>		ADDRESS	
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JAN 11 1952

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.....

*Myself*

Student Embalmer No. ....

working under my personal supervision.

Student .....

Student Embalmer

Signed *Willie L. Schoeler*

Licensed Embalmer No. *3997*

P. O. Address *Craig, 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.