

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

687

State File No.

BIRTH NO. FILED FEB 15 1954 REG. DIST. NO. 76 PRIMARY REG. DIST. NO. 3502 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hensley Clark</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hensley Clark</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>Hensley R.R. 0260</u>	
3. NAME OF DECEASED a. (First) <u>WARREN</u> b. (Middle) <u>W.</u> c. (Last) <u>SMITH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 7-54</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 12-1896</u>
9. AGE (In years, last birthday) <u>77</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, and if retired) <u>Retired mail carrier</u>	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) <u>Wisconsin</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Porter Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Malisa Reed</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>hus Frank Muller</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MYocardial INFARction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>HYPERTENSION</u> DUE TO (c) <u>AGE</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331 X</u>		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) m.	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>Jan 10, 1954</u> to <u>FEB 1, 1954</u> , that I last saw the deceased alive on <u>FEB 1, 1954</u> , and that death occurred at <u>11:30 pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>A.F. Burksteiner D.O.</u>		23b. ADDRESS <u>Eldon, Mo.</u>	
23c. DATE SIGNED <u>2-10-54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>buried</u>	
24b. DATE <u>2-10-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Carmel Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Russellville Mo</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>G. N. Steffens</u>
DATE REC'D BY LOCAL REG. <u>Feb. 11-1954</u>	REGISTRAR'S SIGNATURE <u>Mrs. J. R. Glover</u>		ADDRESS <u>Russellville Mo</u>

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

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 *[Handwritten Signature]*

Licensed Embalmer No. *2307*

P. O. Address *[Handwritten Address]*

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.