

FILED FEB 1 1954

STANDARD CERTIFICATE OF DEATH

State File No. 747

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 4165 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Daviess</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Daviess</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Gallatin</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Gallatin</u>	
c. LENGTH OF STAY (In this place) <u>2 Weeks</u>		d. STREET ADDRESS (If rural, give location) <u>0510</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cox Rest Home</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Albert</u> b. (Middle) <u>Henry</u> c. (Last) <u>Smith</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>January 23 1954</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>July 13 1888</u>
9. AGE (In years last birthday) <u>65</u>		10. USUAL OCCUPATION (Give kind of work during usual course of working life, even if retired) <u>Farmer</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Farm Labor</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Blue Hill Nebraska</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>			
13a. FATHER'S NAME <u>Davie Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Angaline Shuler</u>	
14. NAME OF HUSBAND OR WIFE <u>Grace Smith (Dec'd)</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>508-26-7599</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mary Royston, Gallatin, Mo.</u>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiovascular renal disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 yrs</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Edema of lungs & abdomen, cardiac</u>		<u>1 1/2 yrs</u>	
DUE TO (c) <u>enlargement</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bad Hemorrhoids & rectal infection</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4/42X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>June 1, 1952</u> , to <u>Jan 23, 1954</u> that I last saw the deceased alive on <u>Jan 23, 1954</u> , and that death occurred at <u>12:50A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>H.W. Bailey, D.D.</u>		23b. ADDRESS <u>Gallatin Mo.</u>	
23c. DATE SIGNED <u>1-25-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-25-1954</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Hickory Creek Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Daviess County Missouri</u>	
DATE REC'D BY LOCAL REG. <u>30th Jan 1954</u>		REGISTRAR'S SIGNATURE <u>Virginia M. Engelbert</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>L.O. Dickerson</u>		ADDRESS <u>Hope Funeral Home, Gallatin, Mo.</u>	

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

STATEMENT BY LICENSED EMBALMER

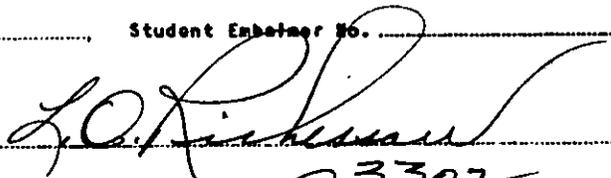
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 3307

P. O. 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.