

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2391**

FILED JAN 26 1954

BIRTH NO. _____ REG. DIST. NO. **291** PRIMARY REG. DIST. NO. **5994** Registrar's No. **4**

1. PLACE OF DEATH a. COUNTY Putnam		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Putnam	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Richland Township		c. LENGTH OF STAY (In this place) Life Time	c. CITY OR TOWN Unionville
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or Print) a. (First) Lizzie	b. (Middle) Lurinda	c. (Last) Smith	4. DATE OF DEATH (Month) (Day) (Year) January 13 1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 5 1890	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months 4	IF UNDER 10 HRS. Days 8	IF UNDER 15 HRS. Hours 	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and State or Foreign Country) Putnam County Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Julius L. Cassady	13b. MOTHER'S MAIDEN NAME Laura McDaniel	14. NAME OF HUSBAND OR WIFE Frank H. Smith
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Frank H. Smith	ADDRESS Unionville, Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		INTERVAL BETWEEN ONSET AND DEATH Jan. 6-54
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hemiplegia		
	DUE TO (c) Hypertension		
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"/>
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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) Unionville, Missouri
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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. 11, 1953**, to **Jan 8, 1954**, that I last saw the deceased alive on **Jan. 9, 1954**, and that death occurred at **5:40 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE J. W. Gillman (Degree or title)	23b. ADDRESS Unionville, Mo.	23c. DATE SIGNED Jan. 15 54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 17 1954	24c. NAME OF CEMETERY OR CREMATORY Thompson Cemetery	24d. LOCATION (City, town, or county) (State) Putnam County Missouri
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DATE REC'D BY LOCAL REG. 1-23-54	(REGISTRAR'S SIGNATURE) Maxwell Durbin	25. FUNERAL DIRECTOR'S SIGNATURE J. W. Gillman	ADDRESS Unionville, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed.....
James W. Pomatoch

Licensed Embalmer No. *41*

P. O. Address *Unionville*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.