

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7882**
Registrar's No. **231**

BIRTH NO. **FILED APR 15 1954** REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **3007**

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE Missouri b. COUNTY Butler	
b. CITY (If outside corporate limits, write RURAL and give township) OR Poplar Bluff		c. CITY (If outside corporate limits, write RURAL and give township) OR Poplar Bluff	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1408 W, Vine St.		d. STREET ADDRESS (If rural, give location) 1408 W, Vine St.	

3. NAME OF DECEASED (Type or Print) a. (First) MARSHAL b. (Middle) JOSEPH c. (Last) SMITH			4. DATE OF DEATH (Month) (Day) (Year) 3 22 54		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Never married	
8. DATE OF BIRTH 7-5-1943.		9. AGE (In years last birthday) 10		10. IF UNDER 1 YEAR Days 8 Hours 18 Min.	
10a. USUAL OCCUPATION (Give kind of work depending upon type of work, if retired) school boy			11. BIRTHPLACE (State or foreign country) Missouri		
10b. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME MARSHAL V. SMITH		13b. MOTHER'S MAIDEN NAME MARTHA KIMBALL		14. NAME OF HUSBAND OR WIFE	
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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. -----		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Marshal V. Smith Poplar Bluff, Mo.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxia		ANTECEDENT CAUSES			2 months
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) cardiac failure			
		DUE TO (c) Acute lymphatic Leukemia			
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 **3-22**, 19**54**, to **3-22**, 19**54**, that I last saw the deceased alive on **3-22**, 19**54**, and that death occurred at **11:49 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE F. F. Priest, D.O. (Degree or title)		23b. ADDRESS Poplar Bluff, Mo.		23c. DATE SIGNED 3-24-54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-25-54		24c. NAME OF CEMETERY OR CREMATORY Memorial Gardens	
				24d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.	

DATE REC'D BY LOCAL REG. 4/7/54		REGISTRAR'S SIGNATURE J. C. White		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fisk Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
APR 12 1954
BUTLER CO. HEALTH CENTER
FILE No. _____

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 *Joseph R. Matlock*
Licensed Embalmer No. *4824*

P. O. Address *London, Bluff, Me*

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.