

FILED APR 28 1954

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

12560

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>175</u>		PRIMARY REG. DIST. NO. <u>3036</u>		Registrar's No. <u>28</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>LAWRENCE</u>		a. STATE <u>MISSOURI</u>		b. COUNTY <u>LAWRENCE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>AURORA</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>AURORA, MO.</u>		<u>0551</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>N. EAST WEE ST.</u>				d. STREET ADDRESS (If rural, give location) <u>11 EAST WEE</u>			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>JOSEPH</u>	b. (Middle) <u>NEIBH</u>	c. (Last) <u>SMITH</u>	(Month) <u>FEB.</u>	(Day) <u>26</u>	(Year) <u>1954</u>		
(Type or Print)							
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>WIDOWED</u>	8. DATE OF BIRTH <u>JULY 12 - 1875</u>	9. AGE (In years, months, days)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	IF UNDER 1 MIN.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TRUCKING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>DRIVING TRUCK</u>		11. BIRTHPLACE (State or foreign country) <u>LAWRENCE</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>JAMES SMITH</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH MAPLES</u>		14. NAME OF HUSBAND OR WIFE <u>DECEASED</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>FRANCES JAMES</u>		ADDRESS <u>AURORA, MO.</u>	
(Yes, no, or unknown)	(If yes, give war or dates of service)						
18. CAUSE OF DEATH	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Stomach</u>						<u>2 years.</u>
	ANTECEDENT CAUSES						
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						
	DUE TO (c)						
	II. OTHER SIGNIFICANT CONDITIONS						
	Conditions contributing to the death but not related to the disease or condition causing death.						<u>151 X</u>
19a. DATE OF OPERATION <u>Nov-1953</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Stomach - extensive metastases</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) (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 <u>Nov. 1953</u> , to <u>Feb. 26, 1954</u> , that I last saw the deceased alive on <u>Feb. 25, 1954</u> , and that death occurred at <u>11:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>A. P. Coyne</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Aurora, Mo.</u>		23c. DATE SIGNED <u>2-27-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>FEB. 18 - 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MAPLE PARK</u>		24d. LOCATION (City, town, or county) (State) <u>Aurora, MO.</u>			
DATE REC'D BY LOCAL REG. <u>4-21-1954</u>	REGISTRAR'S SIGNATURE <u>Dr. Mc Natt</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Osborn Marsh</u> ADDRESS <u>Aurora, Mo.</u>			

(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

Myself

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Oscar L. Harsh*

Licensed Embalmer No. *3812*

P. O. Address *Albany, 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.