

FILED MAY 21 1954

## STANDARD CERTIFICATE OF DEATH

State File No. 14914

BIRTH NO. _____		REG. DIST. NO. 34		PRIMARY REG. DIST. NO. 5117		Registrar's No. 11	
1. PLACE OF DEATH a. COUNTY <b>Boone</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Boone</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>Rural Cedar</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Cedar</b>		d. STREET ADDRESS (If rural, give location) <b>McBaine R.F.D.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>McBaine R.F.D.</b>				d. STREET ADDRESS (If rural, give location) <b>McBaine R.F.D.</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>John</b>		b. (Middle) <b>Groves</b>		c. (Last) <b>Smith</b>	
4. DATE OF DEATH		(Month) <b>May</b>		(Day) <b>13</b>		(Year) <b>1954</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>May 2 1884</b>	
9. AGE (In years last birthday) <b>70</b>		IF UNDER 1 YEAR Months <b>0</b> Days <b>11</b>		IF UNDER 12 HRS. Hours <b>0</b> Min. <b>11</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Thomas Smith</b>		13b. MOTHER'S MAIDEN NAME <b>Nancy Calvert</b>		14. NAME OF HUSBAND OR WIFE <b>Lizzie Smith</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>//////////</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Paul Smith McBaine Mo.R.F.D.</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Essential Hypertension</b> DUE TO (c) <b>Arteriosclerosis</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) (Minute)	
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 <b>May 14<sup>th</sup></b> , 1954, to <b>May 14<sup>th</sup></b> , 1954, that I last saw the deceased alive on <b>May 14</b> , 1954, and that death occurred at <b>2:25 A. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>James E. Steffan D.O.</b>				23b. ADDRESS <b>D.O. Ashland, Mo.</b>		23c. DATE SIGNED <b>6/15/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>May 15, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Nashville Cent.</b>		24d. LOCATION (City, town, or county) (State) <b>McBaine R.F.D. Missouri</b>	
DATE REC'D BY LOCAL REG. <b>6/15/54</b>		REGISTRAR'S SIGNATURE <b>Mrs Mildred Burnett</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Wm L Burnett Ashland Mo</b>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

1961  
8 NOV

OCT 11 1961

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 W. L. Burnett

Licensed Embalmer No. 3564

P. O. Address Ashtabula 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.