

FILED MAY 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16771**

BIRTH NO. _____ REG. DIST. NO. **251** PRIMARY REG. DIST. NO. **4371** Registrar's No. **120**

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Iowa b. COUNTY Page	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Elmo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Blanchard, Iowa	
c. LENGTH OF STAY (in this place) 2 weeks		d. STREET ADDRESS (If rural, give location) 8140 8	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Ford Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Isadora b. (Middle) Fullerton c. (Last) Smith	4. DATE OF DEATH (Month) May (Day) 1 (Year) 1954
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5. SEX Female	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) Widowed.	8. DATE OF BIRTH April-5-1867	9. AGE (In years) (Month) 87 (Day) _____ (Year) _____	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife	10b. KIND OF BUSINESS OR INDUSTRY home	11. BIRTHPLACE (State or foreign country) Illinois	12. CITIZEN OF WHAT COUNTRY? U S
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13a. FATHER'S NAME Thomas Fullerton	13b. MOTHER'S MAIDEN NAME Emma Williams	14. NAME OF HUSBAND OR WIFE Elwood 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 Emell Smith ADDRESS Blanchard, Iowa
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 mts. 4 yrs. 10 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) A-V block & ventricular standstill		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary sclerosis DUE TO (c) Myocardial degeneration.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	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)
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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?
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22. I hereby certify that I attended the deceased from **Sept 13, 1950**, to **May, 1954**, that I last saw the deceased alive on **May 1, 1954** and that death occurred at **1:50 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Edmond Ford M.D.	23b. ADDRESS Elmo, Iowa	23c. DATE SIGNED May 10-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 5/3/1954	24c. NAME OF CEMETERY OR CREMATORY Blanchard Cemetery	24d. LOCATION (City, town, or county) (State) Blanchard, Iowa
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DATE REC'D BY LOCAL REG. 5-22-54	REGISTRAR'S SIGNATURE Hess Hull	25. FUNERAL DIRECTOR'S SIGNATURE Scott Paul ADDRESS Westboro, Missouri
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

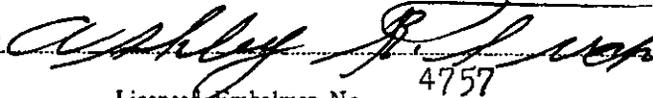
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Ashley R Tucker

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed  _____

Licensed Embalmer No. 4757

P. O. Address Westboro, Missouri

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.