

FILED JUL 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **19580**No. 300
10-48

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|---|--|---|---|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 185 | | PRIMARY REG. DIST. NO. 5692 | | Registrar's No. 6 | |
| 1. PLACE OF DEATH a. COUNTY Linn | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Livingston | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Parson Creek Twp | | c. LENGTH OF STAY (In this place) 5 minutes | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Wheeling Township | | d. STREET ADDRESS (If rural, give location) 3 miles N. E. of Wheeling | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 3 miles N. E. of Wheeling | | | | d. STREET ADDRESS (If rural, give location) 3 miles N. E. of Wheeling | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Joseph | | | b. (Middle) Robbins | | c. (Last) Smiley | | 4. DATE OF DEATH (Month) (Day) (Year) July 8, 1954 |
| 5. SEX ♂ | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED/ WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH June 13, 1893 | | 9. AGE (In years last birthday) 61 | 10. UNDER 1 YEAR Months _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) Wheeling, Missouri | | | 12. CITIZEN OF WHAT COUNTRY? U. S. A. | |
| 13a. FATHER'S NAME Henry Senson Smiley | | | 13b. MOTHER'S MAIDEN NAME Maggie Christy Robbins | | 14. NAME OF HUSBAND OR WIFE Lena May Warren | | |
| 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 ADDRESS Mrs. E. W. Buckner; R #1; Wheeling, Mo. | | | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) 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. | | | | | | INTERVAL BETWEEN ONSET AND DEATH none |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 4201 | | | | 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.) Boone Creek Linn | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Boone Creek Linn Mo | | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | |
| 21d. TIME OF INJURY | | 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:30 Pm. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) James B. Mc Clelland Coronar | | | | 23b. ADDRESS Brookfield Mo | | 23c. DATE SIGNED 7/10/54 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 7-10-54 | 24c. NAME OF CEMETERY OR CREMATORY Wheeling | | 24d. LOCATION (City, town, or county) (State) Wheeling, Missouri | | |
| DATE REC'D BY LOCAL REG. July 10-1954 | | REGISTRAR'S SIGNATURE Chris A. Martens | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Norman Funeral Home; Chillicothe, Missouri | | | |

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

(Licensed Embalmer's Statement on Reverse Side)

APR 27 1958

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 Edward J. Numan

Licensed Embalmer No. 4036

P. O. Address Chillicothe, 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.