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No. 300
10-48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21270

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4472

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, Missouri
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BARNES HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: FRANKLIN
c. CITY OR TOWN: SULLIVAN
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 203 PINE ST. 0361

3. NAME OF DECEASED (Type or Print)
a. (First): Waller
b. (Middle): (NMN)
c. (Last): Smallwood

4. DATE OF DEATH: May (Month) 15, (Day) 1954 (Year)

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: AUG. 20, 1879
9. AGE (In years last birthday): 74 — If under 1 year: Months 8, Days 25 — If under 1 hr.: Hours –, Min. –
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SHOE WORKER
10b. KIND OF BUSINESS OR INDUSTRY: SHOE FACTORY
11. BIRTHPLACE (City and State or Foreign Country): WOODLANDVILLE, MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: W.R. SMALLWOOD
13b. MOTHER'S MAIDEN NAME: AMANDA SETTLES
14. NAME OF HUSBAND OR WIFE: NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 489-18-3438
17. INFORMANT'S SIGNATURE OR NAME: MARY SMALLWOOD — ADDRESS: SULLIVAN, MO.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Adenocarcinoma of the prostate — 6 years +
DUE TO (c) — +

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Pulmonary Emphysema — 6 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 177X

22. *I hereby certify that I attended the deceased from* May 5, 1954, *to* May 15, 1954, *that I last saw the deceased alive on* May 15, 1954, *and that death occurred at* 5:35 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: F R Bradley (Degree or title) M.D.
23b. ADDRESS: BARNES HOSPITAL
23c. DATE SIGNED: 5/16/54

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: MAY 18, 1954
24c. NAME OF CEMETERY OR CREMATORY: I.O.O.F. CEMETERY
24d. LOCATION (City, town, or county) (State): SULLIVAN. MO.

DATE REC'D BY LOCAL REG.: MAY 19 1954
REGISTRAR'S SIGNATURE: J Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE: H McEaton — ADDRESS: Sullivan, Mo.
(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed J. A. Humphrey.....

Licensed Embalmer No. 4.7.7.2

P. O. Address Sullivan, I

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.