

FILED JUL 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24110

BIRTH NO. 45912-54		REG. DIST. NO. 301		PRIMARY REG. DIST. NO. 4450		Registrar's No. 460			
1. PLACE OF DEATH a. COUNTY RIPLEY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY RIPLEY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN DONIPHAN		c. LENGTH OF STAY (in this place) 4 DAY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL 0910					
d. FULL NAME OF HOSPITAL OR INSTITUTION COMMUNITY HOSPITAL				d. STREET ADDRESS (If rural, give location) ROUTE # 1 - DONIPHAN					
3. NAME OF DECEASED (Type or Print) a. (First) DENNIE			b. (Middle) RAY		c. (Last) SMITH		4. DATE OF DEATH (Month) (Day) (Year) JULY 8 - 1954		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) INFANT	8. DATE OF BIRTH JULY 5 - 1954		9. AGE (In years last birthday) 4	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) DONIPHAN - MISSOURI		12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13a. FATHER'S NAME GOLDEN SMITH		13b. MOTHER'S MAIDEN NAME ELSIE PIGG		14. NAME OF HUSBAND OR WIFE NONE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS GOLDEN SMITH - DONIPHAN RT. #1					
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chemotherapy of mother 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 3 days 10 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) 7-76 X					
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 7-5, 1954, to 7-8, 1954, that I last saw the deceased alive on 7-8, 1954 and that death occurred at 12:30 a.m., from the causes and on the date stated above.									
23a. SIGNATURE (Deceased or title) Paul Johnson M.D.				23b. ADDRESS Doniphan Mo		23c. DATE SIGNED 7-9-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 7-8-54	24c. NAME OF CEMETERY OR CREMATORY LONE STAR		24d. LOCATION (City, town, or county) (State) RIPLEY CO. - MISSOURI				
DATE REC'D BY LOCAL REG. 7-9-54		REGISTRAR'S SIGNATURE C. J. Johnston 227		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS EDWARDS FUNERAL HOME - DONIPHAN MO					

(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 _____

BOX WAS NOT EMBALMED

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Gene A. Parrent*

Licensed Embalmer No. *4809*

P. O. Address *Doughan, T.*

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.