

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28187

State File No.

FILED AUG 17 1954

BIRTH NO. REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5667 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits write RURAL and give township) OR TOWN <u>Troy Rural</u>		c. CITY OR TOWN <u>Hawk Point</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>4 weeks</u>		STREET ADDRESS (If rural, give location) <u>Rural (Hawk Point Twp.)</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lincoln Co. Memorial Hosp.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Robert</u>	b. (Middle) <u>Franklin</u>	c. (Last) <u>Smith</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 8, 1954</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 15, 1885</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Guard</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Civil Service</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Bell City, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Jimmie Smith</u>	13b. MOTHER'S MAIDEN NAME <u>Mandy Johnson</u>	14. NAME OF HUSBAND OR WIFE <u>Alvey Johnson Smith</u>
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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) <u>Yes 1908 - 1915</u>	16. SOCIAL SECURITY NO. <u>1908 - 1915</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Alvey Smith.</u>	ADDRESS <u>Hawk Point, Missouri</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>over 24 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>DISSEMINATED PULMONARY TUBERCULOSIS</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>None</u> DUE TO (c) <u>None</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>NONE</u>	19b. MAJOR FINDINGS OF OPERATION <u>002X</u>	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 7/4, 1954, to 8/8, 1954, that I last saw the deceased alive on 8/7, 1954, and that death occurred at 8:15A m., from the causes and on the date stated above.

23a. SIGNATURE (In type or title) <u>Louis P. Hettler M.D.</u>	23b. ADDRESS <u>Troy Mo</u>	23c. DATE SIGNED <u>8/9/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8/10/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hawk Point Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Hawk Point, Missouri.</u>
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DATE REC'D BY LOCAL REG. <u>8-14-54</u>	REGISTRAR'S SIGNATURE <u>Emma B. Riddle</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Kemper Funeral Home</u>	ADDRESS <u>Troy, Missouri.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 22 1957

SEP 22 1957

VS AUG 22 1958

VS AUG 25 1958

AUG 19

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
Signature of Student Embalmer

Signed Joseph J. Marsh
Licensed Embalmer No. 3932

P. O. Address Troy, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.