

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

29599

State File No. ....

FILED SEP 14 1954

|  |  |   |  |   |  |  |  |  |  |
|--|--|---|--|---|--|--|--|--|--|
| BIRTH NO. _____  |  | REG. DIST. NO. <u>353</u>   |  | PRIMARY REG. DIST. NO. <u>6196</u>  |  | Registrar's No. <u>22</u>  |  |  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Texas</u>  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Mo</u><br>b. COUNTY <u>Texas</u>  |  |  |  |  |  |
| b. CITY OR TOWN <u>Rural Sherrill</u>  |  | c. LENGTH OF STAY (in this place) <u>2 weeks</u>  |  | c. CITY OR TOWN <u>Houston</u>  |  | d. IS RESIDENCE WITHIN LIMITS OF A CITY OR INCORPORATED TOWN?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION _____  |  |   |  | e. STREET ADDRESS (If rural, give location) <u>1070 _____</u>   |  |  |  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>Mallisia</u> b. (Middle) <u>R</u> c. (Last) <u>Smith</u>  |  |   | 4. DATE OF DEATH (Month) <u>Sept</u> (Day) <u>2</u> (Year) <u>1954</u> |   |  |  |  |  |  |
| 5. SEX <u>F</u>  |  | 6. COLOR OR RACE <u>W</u>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>   |  | 8. DATE OF BIRTH <u>Nov 28, 1871</u>   |  |  |  |
| 9. AGE (In years, last birthday) <u>82</u>   |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>house work</u> |  | 10b. KIND OF BUSINESS OR INDUSTRY _____   |  | 11. BIRTHPLACE (City and State or Foreign Country) <u>Texas Co. Mo</u>   |  |  |  |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>  |  | 13a. FATHER'S NAME <u>Beul Hayes</u>  |  | 13b. MOTHER'S MAIDEN NAME <u>Susan Lawson</u>   |  | 14. NAME OF HUSBAND OR WIFE <u>Warren Smith - Deceased</u>   |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____  |  | 16. SOCIAL SECURITY NO. _____   |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Virgil Smith</u> ADDRESS <u>Houston Mo</u>   |  |  |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cirrhosis of Liver</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>10 Mo</u> |  |
| 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) _____   |  | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____  |  |  |  |
| 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 <u>Sept 26, 1954</u> to <u>Sept 2, 1954</u> , that I last saw the deceased alive on <u>Sept 26, 1954</u> , and that death occurred at <u>2:50</u> p.m., from the causes and on the date stated above. |  |   |  |   |  |  |  |  |  |
| 23a. SIGNATURE <u>H. L. Reed M.D.</u> (Degree or title)  |  |   |  | 23b. ADDRESS <u>Licking Mo</u>  |  | 23c. DATE SIGNED <u>9/3/54</u>   |  |  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  |  | 24b. DATE <u>9-3-54</u>   |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Licking Cem</u>   |  | 24d. LOCATION (City, town, or county) (State) <u>Licking Mo</u>  |  |  |  |
| DATE REC'D BY LOCAL REG. <u>Sept. 9, 1954</u>  |  | REGISTRAR'S SIGNATURE <u>Elnora Hesse</u> 324   |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Smith &amp; Ferguson</u> ADDRESS <u>Licking Mo</u>  |  |  |  |  |  |

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

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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 *Frank E. Hoover*.....

Licensed Embalmer No. *40*.....

P. O. Address *Howe*.....

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.