

FILED OCT 14 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29943

State File No. 506
Registrar's No. 3007

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007

1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY RIPLEY	
b. CITY OR TOWN POPLAR BLUFF	c. LENGTH OF STAY (in this place) 4 DAYS	c. CITY OR TOWN RURAL	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 910
d. FULL NAME OF HOSPITAL OR INSTITUTION DOCTORS HOSPITAL		e. STREET ADDRESS (If rural, give location) GATEWOOD - Mo.	

3. NAME OF DECEASED (Type or Print)	a. (First) ARTHUR	b. (Middle) SMITHSON	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) SEPT. 28. 1954
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MARCH 5-1895	9. AGE (in years last birthday) 59	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 HRS. Hours	IF UNDER 15 Min. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (City and State or Foreign Country) GATEWOOD - MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME ALONZO SMITHSON	13b. MOTHER'S MAIDEN NAME MARTHA HUDSON	14. NAME OF HUSBAND OR WIFE ELLA SMITHSON
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME BEN SMITHSON - Poplar Bluff - Mo	ADDRESS _____
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Primarily probably Stomach DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 151 X
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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) m.	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 **7-34**, 19**54**, to **9-28**, 19**54**, that I last saw the deceased alive on **9-28-54**, and that death occurred at _____ p.m., from the causes and on the date stated above.

23a. SIGNATURE Merom R. Barbour, M.D. (Degree or title)	23b. ADDRESS Poplar Bluff, Mo.	23c. DATE SIGNED 9/30/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 10/1/54	24c. NAME OF CEMETERY OR CREMATORY PONDER CEMETERY	24d. LOCATION (City, town, or county) (State) PONDER, Mo.
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DATE RECD BY LOCAL REG. 10/6/54	REGISTRAR'S SIGNATURE R. H. Murrell	25. FUNERAL DIRECTOR'S SIGNATURE EDWARDS FUNERAL HOME - DANFORTH	ADDRESS Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

OCT 11 1954
BUTLER CO. HEALTH CENTER

FILE No. _____

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 Gene A. Paver

Licensed Embalmer No. 486

P. O. Address Doniphan

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.